### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATE	STICAL RESEA	ARCH AND RECORDS, CERTIFICATE	OF DEATH	STREET, BA	LTIMORE 1, A	MARYL.	AND QUA
1. PLACE OF DEATH  a. COUNTY  WASHINGTON		MARYLAND	2. USUAL RESIDENCE  • STATE  MARYLAND	CE (Whare decaes	b. COUNTY	n: Residence	
b. CITY OR TOWN (if outside of write RURAL and give near HAGERSTOWN	est town)	c. LENGTH OF STAY IN 16  12 DAYS	c. CITY OR TOWN (I		limits, write RURAL	and give n	
WESTERN MARYLAND 3. NAME OF		PITAL  Middle	d. STREET ADDRESS	AVENUE	Month	Day	e. IS RESIDENCE ON A FARM
DECEASED (Typa or print)  5. SEX   6. COLO	Edu.	RIED NEVER MARRIED TO	CLEBER É		GCT, iE (In years   IF UND	3 ERIYEAR	196/ IF UNDER 24 HRS
3/475	Kind of work   10b.	VED DIVORCED D	Det 18 1877	8	Month yrs.  Month gn country)   12.	1	Hours Min.  F WHAT COUNTR'
ELEVATOR OPERAT  13. FATHER'S NAME		UNICIPALITY	WASHINGTON 14. MOTHER'S MAIDEN		dn dn	U.S	·A
JACOB POWLE  15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (Ifyasgivew	ARMED FORCES? 14	6. SOCIAL SECURITY NO. 17, 1		NN_	Addrass		
IB. CAUSE OF DEATH (E	ntar only ona causa pe	r line for (e), (b), end (c).]	EORGE D ALBER	-	STOWN MAR		ERVAL BETWEEN SET AND DEATH
Conditions, if any, which	DUE TO	cerebral th	reinhosis	A. 767			Idays

DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)

gove rise to immediate cause

20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of itam 18.)

208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify)

20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Not Whila Hour e.m. at work 21. I certify that (I) (this hospital) attended the deceased from Sept. 2

20a. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.)

(County)

saw the deceased alive on... 22e. SIGNATURE

CERTIFICATION

and that death occured at s. M., from the causes and on the date stated above.

22b. DATE SIGNED

(State)

PERFORMED? NO 🖫

(Steta)

ATTENDING 22d. ADDRESS

22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

HAGERSTOWN

BURIAL

ROSE HILL CEMETERY

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE OCT 5

Cirthur S. Krous

OF VR A15 (4) 15M 9/60

FUNERAL

7. AND THE CONTRACTOR OF STREET - congress and a series allowers CATTER SECURIOR DE LA LA COME DE CATTERDE LE THE WARTER SHE BUILDING THE BUILDING

### T FOR STATE HEALTH DEPT. È\$...€

PLACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11911 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11891

e. COUNTY		e. STATE	b. COUNTY	tour Keridence before admission)
Washington	MARYLAND	Marvla	2 247	shington
b. CITY OR TOWN (if outside corpored limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16		tside corporete limits, write RURA	
Rural Hancock Md		X Rural 2	Hancock Md.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
Highway U.S. J.O A				YES NO F
3. NAME OF First	Middle	Last 4.	DATE Month	Dey Year
DECEASED (Type or print)	57 4 8		OF DEATH	40
Larry	Neil A	delsberger	Oct	20 19 61
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	DATE OF BIRTH	9. AGE (In yeers   IF UN last birthdey) Mont	
K Male White WIDOW		Tov18. 1947	13 уп.	110000
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Slete or fo	oreign country)   12	. CITIZEN OF WHAT COUNTRY?
		Hamanala Mi	Carry Tarres	77 0
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	aryland	U.S.A.
N		***	117 A	
Neil Adelsberger	SOCIAL SECURITY NO.   17, II	Margarte	e Wink	
(Yes, no, or unkown)   (Ifyesgive weror detes of service)			1100000	
No	None Ne	il Adelsher	ger Rural 2 H	Jancock Md
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c),]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	cture Skull In	tra Abdominal	Homorrhage	Instant
DUE TO	POUL COUNTY TO	or a womanitries.	memort rugge	LIIS UALIU
gave rise to Immediate cause				
(e), sletting the underlying DUE TO				
cause lest. (c)		Alexander and the second		
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
[ <del>5</del> ]				YES NO TH
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURED. (E	nter neture of injury in Pert I or	Pert II of item 18.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			7. 1	
Chila	Fell from Wago	n and was run	over. 20f. (City or town)	(County) (State)
¥ 11.	I. Mar Maria W. Smets	ory, street, office bldg., etc.)	ioi, (city of lawn)	(County) (Stete)
5:15 p.m. 10-20- 19 61 et wa	ork at work Kold R	oute 40. 2mile	East of Hance	ck. Wash. Md.
21. I certify that I took charge of the re-	mains described above, he	d an Autopsy, Inst	pection , Inquiry	and in my opinion
death resulted from: Natural causes	, Accident X, Suici	de , Homicide	. Undetermined manner	П
	. /	CHIEF MEDICAL EXAM	AINER 🗍	
ACTUAL A. MIN /	2.18	ASSISTANT MEDICAL	_	DATE SIGNED
SIGNATURE	wa J	M.D.		
EXAMINER'S	1	DEPUTY MEDICAL EX	AMINER DO	-20-61
NAME (Type) Dr. E. W. Ditto	Jr.	Address (Street, city,	The state of the s	
	22c. NAME OF CEMETERY OR	CREMATORY 22d	LOCATION (City, town, or cou	untry) (Stete)
Burial 10.23.61	Tonoloway Ba		ilton County	
23. FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR 246. REGISTRAR	3 SIGNATURE
Hound & Line	Hamora	mal DATE OCT	24 '61 Cirllin	1 & House
	11			

files. IO CALLY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

please execute the certificate, writing the word "pending" in pendi in item 18. Give Pages 1, 2, and 3 to incremental director. Page 4 minuted by forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Boar of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

TABLE OF TABLEST PROPERTY OF DESCRIPTION OF THE PARTY OF DESCRIPTION OF THE PARTY O the report of Tours 1 and 1 Inches frame \_ 4 The state of the s - I Tro English of Long Approach to the configuration of th 21/90 Straff Block bird 10 1 3020 (41/2 17/25) Miller of the state of the stat att att of the · The later of the control of the co White the state of the state of

OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY by the and 2 death. WASHINGTON C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) HAGERSTOWN
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ONSBOKO e. IS RESIDENCE ON A FARM? WESTERN 3. NAME OF YES NO P paper Day Yeer DECEASED OF 00 (Type or print) DEATH 196/ withi ö pou-5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) and Months 3 yrs. WIDOWED DIVORCED attending physician a Then please remove c oval, and in any event 1De. USUAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR INDUSTRY 11. [BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dage during most of working life, even if retired) KETIRED KOKBURY WASH CO. M.D. 13. FATHER'S NAME ANIE 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES! Then removal, (Yes, np, or unkown) | (Ifyesgive wer or detes of service) ian. JOONSBORD 18. CAUSE OF DEATH [Enter only one couse neg time for (a), (b), end (c). INTERVAL BETWEEN been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) certificate has been signe r use as the burial-transit DUE TO bilateral Conditions, if ony, which geve rise la immediate cause DUE TO (e), stelling the underlying couse lest. ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AUTOPSY PERFORMED? hospital NO F CERTIFICA prior 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) After this calletached for of Health pr 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ) 2Df. (City or town) (County) (State) Month, Day, Year factory, street, affice bldg., etc.) While Not While Hour a.m. et work at work attended the deceased from ... 9 196/ 10/0-4 196/ (hat (1) (wa) last DIRECT 3 should e State D saw the deceased alive on 10 22b. DATE 22e. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county (State) 236. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 DURIAL 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S VR A15 (4) Cirkling &. DATE OCT 1 0 '61 15M 9/60

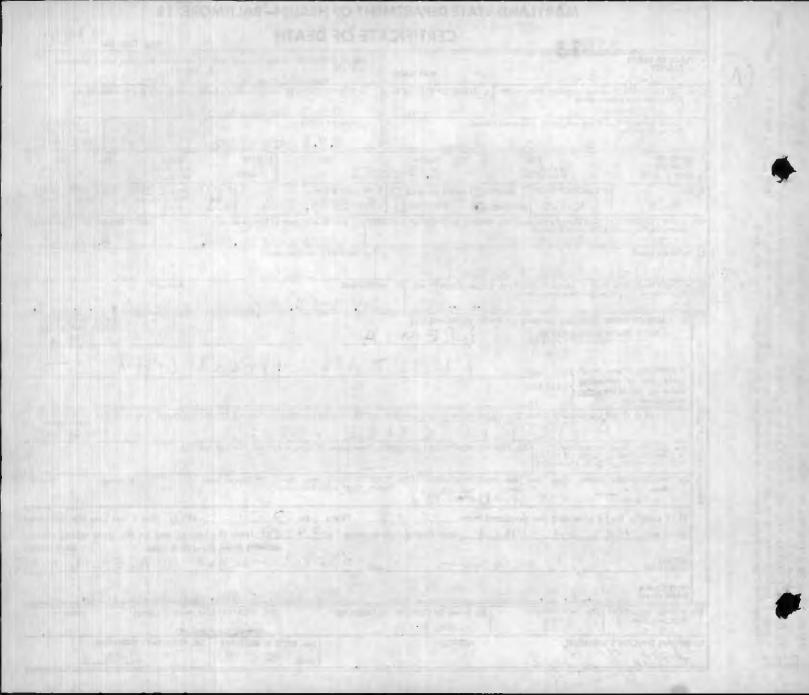
MARYLAND STATE DEPARTMENT OF HEALTH

\* \* \* \* MATERIAL THREE THREE THREE The Party Land A CONTRACTOR OF THE PARTY OF TH WESTERN MARKAM SALE HATTING MILET STATE OF THE to The State State of the LEREY MY A LOUIS LESSES AVENIN dering some threat the unit has experienced and the Clarice Earen Erima ALERTE THE ST FEET MES MAN STATE STATES TO SELECTION NO. west of the second of the second and the state of t 150 4 20 120 2-6 13 -4-21 The terror of a first of TEN 150 E CHU 150 To Are Mayerstown 12. Basing Of 1 1167 BENEVALLA CEMETERY STREET, MAIN LW ME. I mar my at all ansasyment, tante I Durley

director

funeral

within



within 24 hours after TO X PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerviting the hours after the death of the paper of the hours after the standard by the hours after the standard by the hours after the standard by the attending physician and completely filled in by the funeral of the funeral of the standard by the standard by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	000
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
Washington MARYLAND	Maryland Washington
b, CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give necrest town)
write RURAL end give nearest town) Hagerstown 50 years	03 Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE
914 Corbett St.	914 Corbett St.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
Process of the Towns	nedict DEATH October 12 1961
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
77 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	pril 24, 1905   lest birthdey)   Months   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUST)	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Technician Aircraft	Waynesbore, Pa.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ira D. Benedict	Sarah J. Sollenberger
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) ((fyesgive werordefes of service) 214-09-0227Mrs	s. Fay E. Benedict Hagerstown, d.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	s. Fay E. Benedict Hagerstown, d.
PART I. DEATH WAS CAUSED BY:	ORSE AND DEATH
IMMEDIATE CAUSE (a)	1 Clarent 1 Clark
7201 DUETO	1
Conditions, if any, which gove rise to immediate causa	Mun relevores 3 gmg
(a), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2 Do. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Pert II of item 18.)
ZDc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   200. PL/	ACE OF INJURY (Home, form,   2Df. (City or lown) (County) (State)
at week at week	tory, street, office bldg., etc.)
	8-1-11-11 10 Mil 12- 10/1 1-10 (1)
21. I certify that (I) (this hospital) altended the deceased from.	1 1 19 10 1 12 1961, that (i) (we) last
	t death occured at 12 Ma from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED  A.D. HHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPO) TO F WATTOS	Hegunton Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CHIEFTERY	OR CREMATORS   23d. LOCATION (City, town or county) (Stelle)
REMOVAL (Specify)	Cemetery agerstown, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerston	vn, d DATE OCT 17'61 Cirthy S. Thous

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STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. RTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) I. PLACE OF DEATH E COUNTY b. COUNTY .shin ton shing ton MARYLAND b. CITY OR TOWN (if outside corporate lim'ts, c. CITY OR TOWN (if outside corporata I'm is, write RURAL and give nearest town). e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown Hagersto d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitar, give strant address) a. IS RES.DENCE ON A FARM? 1012 O.k Hill YES NO A shington County Hospital NAME OF DECEASED Boy of Jacob B. Berkson DEATH October (Type or priding Led Buby 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In yours IF UNDER 1 YEAR IF L last birthday) | Months | De + D VORCED WIDOWED October 1Da. USJAL OCCUPATION (Give kind of work | 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) IZEN OF WHAT COUNTRY? physici done during most of working life, even if retired) Hoverstown Wash Co Lad Infant llone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Ann Goldstein Jucob B. Berkson WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17 INFORMANT Addrass Then (Yas, no. or unkown) (If yes give war or datas of sarvica) Jacob B. Berkson 1012 Cak Hill Ave None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN Hagerstown Ed. ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (m), staling the undarlying causa last. RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDIT ONS CONFEDUTING TO DEATH BUT NOT PERFORMED? 2DB. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) detached for Affer 2Dd. INJURY OCCURRED + 20a, PLACE OF INJURY (Home, farm, 20f. [City or town) [County] (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , atc.) Not While While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) aftended the deceased from.... 1.D. saw the deceased alive on.....(.... ATTENDING 22a. SIGNATURE 61GNED DIRECTOR PHYS. M.D ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23d LOCATION (City, town or county) (Stata) REMOVAL (Specify) OFB L'Mai Abrahan C neterv risk r town "ash Burtal ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Coffman Hager town La. 15M 9/60 DATE CT 1 1 '61 arilan & House 2.081293XV2

MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY b, CITY OR TOWN (if outside corporate limits, MARYLAND -shington by the c. LENGTH OF STAY IN 16 t. CITY OR TOWN (If outside corporate I m ts, write RURAL and give neeres! lown) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp.le., give street eddress) Years Hagerstown filled i e. IS RESIDENCE papers. Pag n 72 hours ON A FARM? Antiet . L. YES NO T 3 NAME OF Year Middle 4 DATE DECEASED (Type or print) DEATH 19 Charles Bowman Clarence 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER ) YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11, B RTHPLACE (County & Stale, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physic Postal U.S. Post Office Hagerston, Musa. Cty. Clerk 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending pl Fannie Miller Bowman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | [liyesgive werordates of service] hysician. Yes Mrs. Clurence Bownun, Hagerstom. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying certificate l PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[61] 19. WAS AUTOPSY PERFORMED? NO TY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of in any in Pert I or Pert II of Item 18.) | 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY 2Df. (City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) While \_\_\_ Not While Hour e.m. el work el work DIRECTOR 21 1 certify that (I) (this hospital) attended the deceased from J. .... saw the deceased alive on.. ATTENDING 22b. DATE 22s. SIGNATURE SIGNED DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S 23d. LOCATION (City, town of county) 230. BUR:AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8 6 8 Rose Hill Hogerstown Cenetery H 250, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 DATOCT 1 7 '61 Cirilway S. Thouse H\_erstown.

RYLAND STATE DEPARTMENT OF HEALTH



**ADDRESS** 

Scott F. Minnich & Son Hagerstown, Md. DATE

Washington

10

 IS RESIDENCE. ON A FARM?

YES NO

1961

INTERVAL BETWEEN

PERFORMED? NO T

(Stata)

SIGNED

(County)

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

\$ 0 to 18 VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

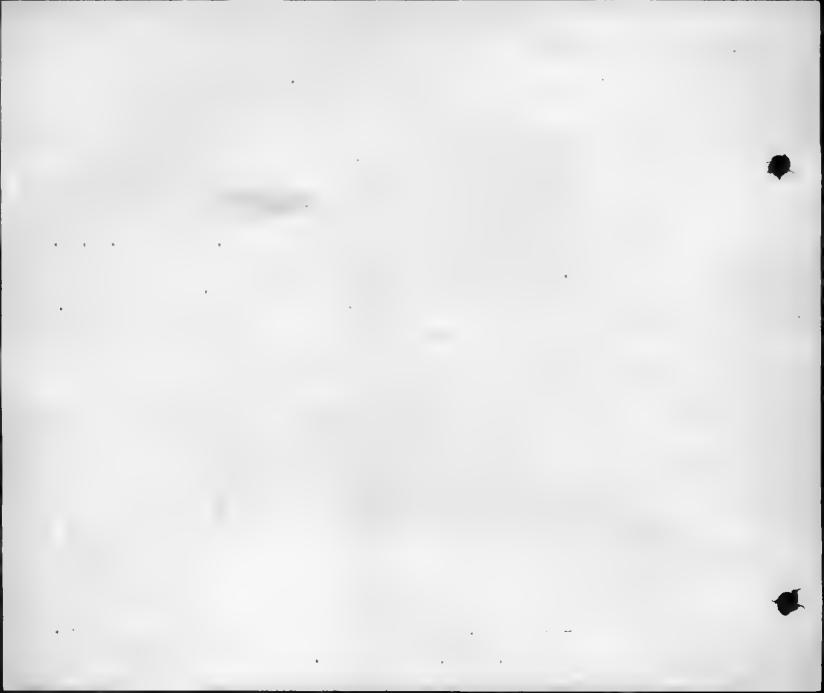
CEDTIFICATE OF DEATH

11010

11964

- A \	ERMITCALE OF DEATH
(M)	1 PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  5. STATE  COUNTY
	o. COUNTY Vashington MARYLAND O. STATE Md. b. COUNTY Allegany
	b. CITY OR TOWN (If autside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
9.	Hagerstoun Kural 5 mo, Frostburg
10	d. NAME DE HOSPITAL (If not in bospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Jaleway Convaliscent 170 Met Braddock Road YES 10 NO.
	3. NAME OF DECEASED (Type or print) JOHN JOSEPH Brady OF DEATH OCH. 3, 1961
	5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In years last birthday)   Months   Days   Hours   Min
	100 LSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
	Labor Farming Frostburg Md. U.S.A.
^	13. FATHER'S NAME
(I)	Darby J. Brady Marcella Scally
	15 WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Frostburg, Md. Address
	No None Mrs. Vincent Bolling, 10 Frost Ave.
	18. CAUSE OF DEATH [Enter only one couse per inerfor (a), (b), and (c)]  PART I, DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a) Chromic William (arriver of with
	pue to Place I alandarilar de la puesa
	Gonditions, if any, which gove rise to immediate (b) W. Value Villar Dear a fine
	cause (o), stating the <u>under-</u> lying cause lost.
	PERFORMED? YES NO P
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Store
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour o m.  19 While Nat while of work of work of work
	21 I certify that (1) (this hospital) attended the deceased from April 25, 1961 to Oct 3, 1961 that (1) (we) los
	soft the deceased alive on Ch. A. 1. 196 /, and that death occurred of 90 wifted the causes and an the date stated above
	22d SIGNATURE 1/22b DATE
	M.D. ATTENDING MED. STAFF   10/3/6/ SIGNE
1	22c PHYS.CIAN'S NAME (Type) 1 3 1/1 2 PR 22d. ADDRESS)
	David 11. Drewer Clear spring 1119,
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town, or county) (State)
	REMOVAL (Specify) Burial 10-5-61 St. Michaels Cometery Frostburg Md.
0	24 FUNERAL DIRECTOR'S SIGNATURE Hafen Haten Hate
El.	Buck H. Moulisant 23 E. Main, Frostburg, Md. DATECT 9 '61 Cirling S. Thank
1	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ined by the haspital or otherding physician. VR A15 (4) 15M 9/59



# FOR STATE HEALTH DEP

delay is necessary, uneral director. Page and for your files. lealth,

TO I STY MEDICAL EXAMINER: This cartificate should be executed within 24 hours after death. I delay is need please execute the cartificate, serting the word "pending" in pencil in item 18, Give Page 1, 2, and 3 to 1 the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar 2 or its designated agent, prior to burial, cremerion, or removal, and in any event within 2 hours after death.

VS. ATSME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

l. 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before admiss on)
	Washington Maryland	Maryland b. COUNWashington
	b. C TY OR TOWN (if outs de corporeta .im is, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs da corporate limits, write RURAL and give nearest town)
1	write RURAL and giva nagrest town)	23
	d. NAME OF HOSPITAL OR ,NSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
2	2252 N Jonathan Street	225 N. Jonathan Street YES No I
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) Daniel Lee Bree	
5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED DE B	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
		Dec 2 1907   S3 yrs.   Months Days Hours Min.
10 de	e. USLAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
4 1	Laborer	Hagerstown Md. USA.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Daniel G. Breeks	Lora R. William
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 18 es, no, or unknown)   (Ifyasgive warordales of servica)	NFORMANT Address
14.	no mo	y Cleo B. Overton Hagerstown and
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Hypertrop	ONSET AND DEATH
	4 3 4, 2 DUE TO	hy Marked Recent
	Conditions, if any, which gove rise to immediate cause (a), stelling the underlying cause lest.  Conditions, if any, which (b)  Pulmonary Congest:  Out TO	ion & Edema
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NO	T RELATED TO THE TERM.NAL D SEASE CONDITION GIVEN IN PART 119) 19. WAS ALTOPSY PERFORMED? YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E PRIMARY C) or CONTRIBUTING () CAUSE OF DEATH.	intar nature of injury In Part I or Part II of item 18.)
MEDICAL		CE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	d an Autopsy , Inspection , Inquiry , and in my opinion
~ -	death resulted from: Natural causes 🙀. Accident 🔲. Suici	de, Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER
	M,D. ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 10
	NAME (Type) Dr. E. W. Ditto. Jr.	Address (Street, city, town, or county)
22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	
	Barial   10-12-1961   Rose Hill C	emetery Hagerstown Maryland
23	FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REG STRAR   24b. REGISTRAR'S SIGNATURE
(	John R Wotion & Harritain my	DATE 16'61 arthur S. Kines
1	The state of the s	



funeral by the and 2 death, filled i carbon WIT and phy physician. peen 0 prior R: After this detached for DIRECTOR 99 pluods afe FUNERAL

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Washington **b. COUNTY** Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) write RURAL and give neerest town? 48 years Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 713 Sunset Ave. 713 Sunset Ave. YES NO X 3. NAME OF Midd # DATE Month Yan DECEASED 1967 JOSEPH FREDERICK BROWN DEATH October 10 (Type or print) 5. SEX 6 COLOR OR RACE | 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR | last birthdey) Months Male WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 1 10b, KND OF BUSINESS OR INDUSTRY, 11 BRTHPLACE (County & Stete, or foreign country) 1 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Emmittsbirg, Marvland Retired Roundhouse Forman Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick L. Brown Bertha M. Riley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesquewer ordetes of service) Hagerstown, Maryland Mrs. Gladys E. Brown yes 18. CAUSE OF DEATH [Enter only one cause per ine for (a). (b), and (c) ) INTERVAL BETWEEN ONSET AND DEATH ingestimheart fortern iterrosclenter heart decen PART I. DEATH WAS CAUSED BY: 2016 IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immediate causa DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:6), 19, WAS AUTOPSY PERFORMED? NO 4 208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 200, PLACE OF INJURY (Home, farm, , 20f. (City or town) Month, Dey, Year (County) (Steta) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work Del- 10 ...., 1961, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from Anni. saw the deceased alive on from the causes and on the date stated above. 220 S GNATUR MED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS

22c. PHYSICIAN'S 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Spacify) Burial

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

Hagerstown

Marylani

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

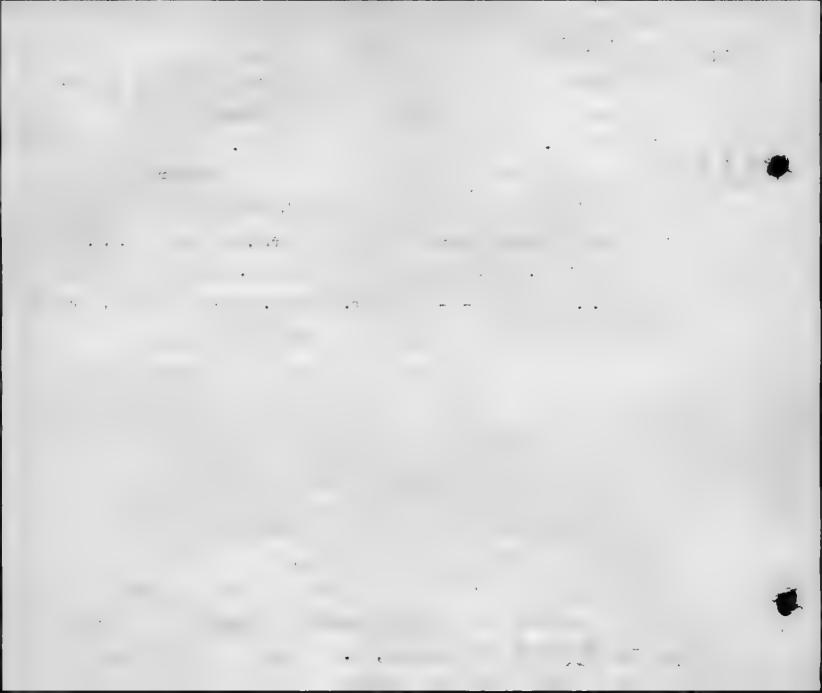
DATEOCT 1 3 '61 -

24 EUNERAL DIRECTOR'S SIGNATURE Suter - Rouzer Funeral Home

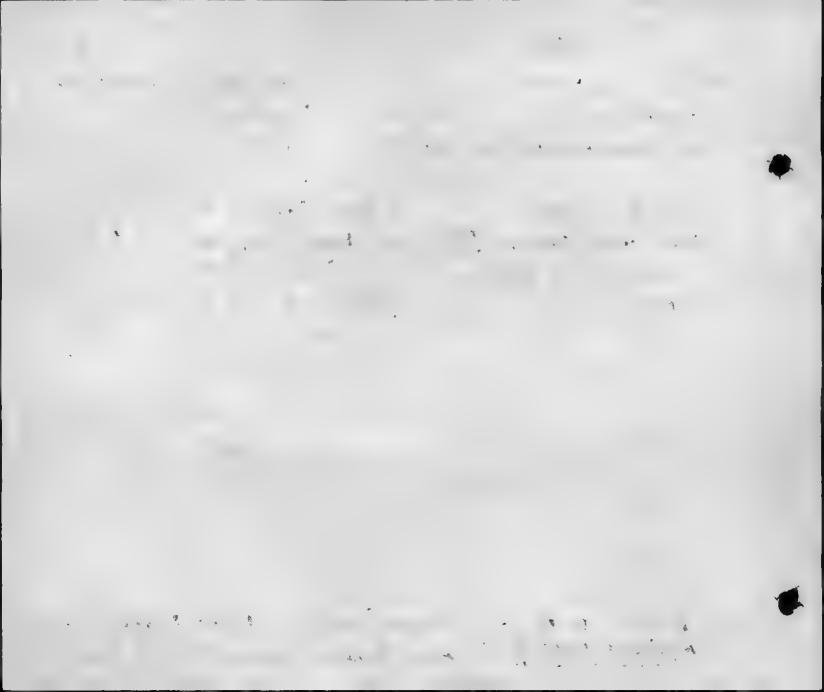
CERTIFICATION

Hagerstown, Md.

0.53 VR A15 (4) 15M 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before e. COUNTY MARYLAND c. LENGTH OF STAY IN 16 Irm is, write RURAL and give nearast town) . IS RESIDENCE ON A FARM? YES X NO Year DECEASED (Typs or print) DEATH 5. SEX AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS. last birthday) attending pl ā 16. SOCIAL SECURITY NO Then No. 18. CAUSE OF DEATH [Enter only one cause per ana for (a) (b) and (c) IMMEDIATE CAJSE (a) GENE LIZE DUE TO CARCINOMA OF BLADDER gave risa to immediate cause DUE TO (e), steting the underlying causa lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION FREORMED? ELONEPHA 206 ACCIDENT WAS JINDER YING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or lown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., alc.) Not While Whila Hour a.m. at work et work p.m. . to O.C.T. 10 ...... 196/s, that (I) (we) last 21. I certify that (I) (this heapital) attended the deceased from Section ........19. ..... and that death occured at. from the causes and on the date stated above saw the deceased alive on 22b. DATE ATTENDING SIGNED STAFF PHYS. Hulo Uno DIRECTOR PHYS. M.D. 22c. PHYS, CIAN'S 22d ADDRESS 23d. LOCATION (City. (Steta) BURIAL, CREMATION, 236 0 256. REGISTRAR'S SIGNATURE VR A15 (4) VA DATE OCT 1 6 '61 15M 9/60 arthur S. Krous



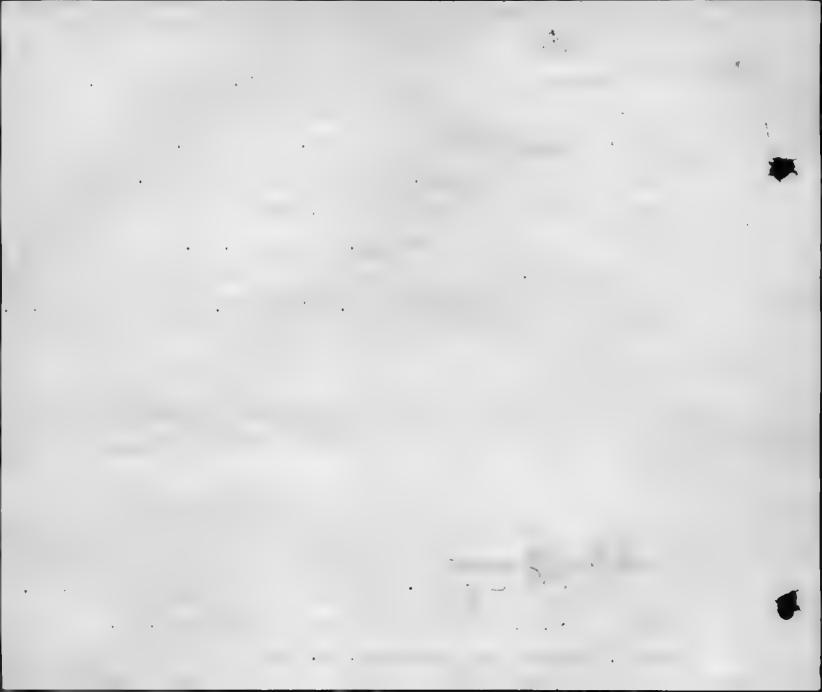


# and compress filled in by the funeral carbon papers. Pages 1 and 2 should fif, within 72 hours after death

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11924 CERTIFICATE OF DEATH 11966

1.	e. COUNTY			ENCE (Where decresed live		ence before edmission)
	Washington	MARYLAND	a. STATE	Md.	COUNTY Wash	1.
1	b. CITY OR TOWN (if outside corporete I mits,	c. LENGTH OF STAY IN 16	e. CITY OR TOW	N (If outsida corporate limits	, write RURAL and g vi	e neerest town)
	write RURAL and give nearest town) Hagerstown	Life	Hagers	town		
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRE			e. IS RESIDENCE
	Washington County Hos	spital	39 E. I	Franklin St	. /	YES NO
3.	NAME OF Frst	Middle	Last		Month Da	1 1
	Type or print) Jack	Martin F	Byers	OF DEATH	Oct. 1	19 61
5.	SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In	yours IF UNDER I YEA	
	male   whtie   wipowi		May 7. 18	898   63 1	dey) Months Deys	Hours Min.
10		CIND OF BUS NESS OR INDUSTR			niry) 12. CITIZEN	OF WHAT COUNTRY?
		ity water Dep	t. Hage	rstown _ Md.		
13	. FATHER'S NAME		14. MOTHER'S MAID		-	_
	Walter B. By	ers		Estel1	e Davis	
15 {Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	NFORMANT	A	ddress	
	no 21	15-26-7872 N	irs. Eliza	abeth Y. By	ers, Hage	erstown, Md
-	18. CAUSE OF DEATH [Enter only one ceuse per	line for (e), (b), end (c).				NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Care	cinoma entire	throat	and chin	2	21 months
	/99X DUE TO					
	Conditions, if eny, which (b)					
1	geva rise to immediate causa (e), steting the underlying DUE TO					
	cause last. (c)					
8	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CONDITIO	N GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
I E						YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	(Enter neture of injury	in Pert I or Pert II of item 18	.]	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		CA OF WHILEY AL	(	100-11	IF4-4-7
MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. Hour e.m. While at wo	e Not While fact	CE OF INJURY (Home, ory, straet, office bldg.,		(County)	(Stata)
	21. I certify that (I) (this hospital) atten	ided the deceased from	1/1/53	, 19P., to 10/	1/61, 19	that (1) (we) last
	saw the deceased alive on 10/1/6	19 and that				
	22s. S.GNAT P & DIM					22b. DATE
	Strollberg	nd M	D. PHYS.	MED. STAFF DIRECTOR PHYS.	D 10/	/2/61 SIGNED
	22c. PHYSIC AN'S SALETPE TO THE	in Live	22d. ADDRESS	2-4	17	7.5.7
	NAME (Type) D. 12/TI	11.1	T40 M*1	otomac St.	, marerst	cown, Md.
23	Be. BURIAL, CREMATION, 236 TATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (C	ty, lown or county)	(Stete)
	burial Oct. 4, 61	Rose hill C	emetery	Hagerst	own, Md.	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa.	REC'D BY REGISTRAR 25	. REGISTRAR'S SIGN	IATURE
	Scott F. Minnich & Sc	n, Hagerstow	n, Md DATE	GCT 4 '61	howhat & the	هير



110.7

L	11925	CERTIFICA	IE OF DEATH		* 174 #
ľ	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceose		before admission)
1	WASHINGTON	MARYLAND	o. STATE MARYTAND	b. COUNTY WASH	INGTON
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		
1	CONOCOCHEAGUE	14 WEEKS	CLEAR SPRING	. MD.	
	d. NAME OF HOSPITAL (if not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE
i i	GATEWAY NURSING HOME	₹	MAIN ST.		YES NO#
1	3 NAME OF First	Middle	Last 4. DATE OF	Month	Doy Year
	(Trees or make)	PLEASANT C	ARBAUGH DEATH	OCT.	1961
1	5. SEX 6. COLOR OR RACE 7 MARK	RIED   NEVER MARRIED	B DATE OF BIRTH	I is bound to be a second	YEAR IF JINDER 24 HRS
	FEMALE WHITE WIDOW		MAR. 8. 1871	90 yrs.	
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stote or foreign of	ountry)  12.CITIZE	N OF WHAT COUNTRY?
	HOME DUTIES	HOUSE WORK	FULTON CO. P.	A. U.	S.A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	JOHNATHAN SHIVES		JANE PECK		
	15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IN	IFORMANT	58°WAYSII	DE AVE.
	NO NONE	NONE	FRANK T. MCDONA	LD, HAGERSTON	<u> </u>
1	18 CAUSE OF DEATH [Enter only one couse per li	ne for)(a), (b), and (A)	0 1 7	0	ONSEL AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	acure (	arouse a	ume_	Jacay.
	SULLY X DUE TO	Hubertin	and Mala	10-710	310-1
	Conditions, If any, which (b)	1 granier	var C vice	rouse	O'grea
1	couse (a), stating the under DUE TO	V			
	lying couse lost. (c)				. In this turnsey
1	Part II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART T	PERFORMED?
	TO ACCIDENT WAS UNDERLYING TO JOB DES	CRIPE HOW INCHIDE OF CHARE	D. (E.)	et II of Itom 19 )	YES NO
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 1  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	2	t-	ACE OF INJURY (Hame, form, 20f. (Cit ctory, street, office bldg., etc.) !	y or town} {Cou	unity) (Stole)
	Mour a.m.  p m.  19 While at wor	1401 Willie			
	21. I certify that (I) (this haspyel) attend	ded the deceased fram?	Sept 1, 126/ 19!	Oct 41, 196	that (I) (we) last
	saw the deceased alive on OCT	3_19.6 / and that c	leath accurred ava Saution	The causes and an the	date stated abave.
	220 S GNATURE		ATTENDING . MED	CYAEE	22b, DATE
	TOWING TO STU	ver	M.D PHYS DIRECTOR	STAFF PHYS.   /	94/61
	27c PHYSICIAN S NAME (Type)	Brewer	22d ADDRES	thering h	12
	300		- Celar N	gring 1	4,
	23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	0.11	FION (City, town, for county)	(Stote)
	BURIAL 10/6/61	ANTIETAM NA		TRAR 256 REGISTRAR'S SIGN	LATINE
	24 FUNERAL DIRECTOR'S STONATURE	ADDRESS**********************************	C MID 255 RECORY REGIS	18AR 256 REGISTRAR'S SIGN	
Į	IMagaret K. Komland	CLEAR SPRIN	G, MD. DATE	4.	- CLANDE

may retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely file in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremotion, or remaval, and in any event, within 72 haurs after death.

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

aurs after death. Page 4

TO HO VR A15 (4) 15M 9/59



urs after death. Page 25 Poges etely offe papers. ã COM ond physici attendi à After detoched DIRECTOR: should FUNERAL **VR A1S (4)** 



PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) e. COUNTY **b.** COUNTY b. CITY OR TOWN (if outside corporate limits, by the and 2 death. MARYLAND WASHINGTON
c. CITY OR TOWN (If outside corporete I milts, with RURAL and give neerest town) MARYLAND c. LENGTH OF STAY IN 16 write RURAL and give neerast town) HACERSTOWN 3 PAYS . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DECEASED OF (Typa or print) DEATH COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH OCTOBER . 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) ABORER MT BRIER WIASH, CO. MD. U.S.A. 13. FATHER'S NAME attending pl 15. WAS DECEASED EVER IN U.S. ARMED FORCEST MARCARET MISICH1 (Yes, no, or unknown) | [[fyasqivewarqrdetes of service] KEEDYSVILLE MD.K. 18. CAUSE OF DEATH Enter only one cause per ine for (e), ,b], and (c),) INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cardo Vos cula Direse DUE TO geve risa to immediate ceuse DUE TO (a), sleting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1101, 19. WAS AUTOPSY certificate PERFORMED? 204. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter nated of injury in Part I or Part II of them 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stafe) 20c. TIME OF INJURY (County) Month, Dev. Year factory, street, office bldg., etc.) While Not While at work at work DIRECTOR: March 1959, 10 00x 7 2 19.6 (, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 19.51, and that death occured at A.M., from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN ECONDARI director, a 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) ('EMETIERY 0 25s. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) DOONS BORD 15M 9/60 Sinting & There

RYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH L. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Washington Washington MARYLAND b CITY OR TOWN ( f outside corporate limit RT) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Hural Williamsport RFD #2 Rural Williamsport# Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Extine Road Williamsport RFD #2 Extine Rd. Williamsport 3. NAME OF DECEASED (Type or print) Clipp DEATH Cleveland Theodore Oct. 6 COLOR OR RACE T. MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (in years | IF UNDER I YEAR | IF UNDER 24 HRS. lest birthday) White Male WIDOWED DIVORCED [ March 4 10e. JSUAL OCCUPATION IG ve kind of work 10s. 6IND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Building Blocks Maryland U.S.A Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding David Clipp Ida Huff WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY 1 ) 1 17, INFORMANT Extine "Road (Yes, no, or unkown) (Ifyesgivewerordelesofserv.ce) 1022Mrs. Daisy Clapp Williamsport Md RFD 18. CAUSE OF DEATH [Enter only one cause per line for(a), [b), and '1),] PART IL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 720.1 DUE TO Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stelling the underlying PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16), 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLY NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INIJRY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18) 20c. TIME OF INJURY 20d. INJURY OCCURRED: 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While et work at work ,19 ....., that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from. ....., and that death occured at dauses and on the date stated above. M: from the saw the deceased alive on PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (TEO) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mosehill Cemetery Hagerstown Md. NOA 3-61 0 Buria 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4)

15M 9/60

. IS RESIDENCE ON A FARM?

YES NO X

PERFORMED? NO I

(Stota)

22b. DATE S.GNED

(State)

Circhar & Thousa

DATE NOV 2

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CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution, Residence before admission COUNTY o STATE **b** COUNTY FRANKLIN MARYLAND the funeral shauld be fi b CITY OR TOWN (If outside corporate/limits, write C. LENGTH OF STAY IN 16 Ac CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest lown) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 7 4. DATE Month Day OF DEATH DECEASED (Type or print) 19 9. AGE (In years 5. SEX 6 COLOR OF RACE 7. MARRIED TO NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Manths WIDOWED [7] DIVORCED | 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? FARMING FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ZARGER IACO13 ARABELLA physicio 17 INFORMANT IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. MRS. JACOB A. COBLE GREENCASTLE, ottending Nο 1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I on Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bidg, etc. Not while at work | of work | 10-9 21 I certify that (I) (this haspital) attended the deceased from.\_\_\_ \_\_\_, that (I) (we) lost \_1961, and that death occurred above. sow the deceased alive on. DIRECTOR: 22o. SIGNATUR 22b. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230 BLR AL, CREMATION | 236 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) (CEH)D. RECTOR'S 25b. REGISTRAR'S SIGNATURE Unting of thous

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPA	RTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11930 CERTIFICATE OF DEATH

- 1					
1	PLACE OF DEATH     COUNTY	Ħ	II II	2. USUAL RESIDENCE (Where deceased lived, in	
		shington	MARYLAND	a. STATE Maryland b. COU	Washington
	b. CITY OR TOWN	if outside corporate limits, d give neerest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, wri	
	Hagerst	own	52 years	Hagerstown	
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospitel, giva straat addrass)	d. STREET ADDRESS	a, IS RESIDENCE ON A FARM?
		ton County Hosp	pital	Ravenwood Height	YES NO G
-1	3. NAME OF DECEASED	First	M ddla	Last 4. DATE Mon	
4	(Type or print)	MAE	SMITH	CONRAD DEATH Octobe	r 27 <sub>19</sub> 61.
	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	and the second s	FUNDER 1 YEAR IF UNDER 24 HRS.
	Female	White WIDO	WED DIVORCED DIV	anuary 30, 1883 $\frac{1637}{78}$ $\frac{1637}{78}$ $\frac{1637}{78}$	Months Days Hours Min.
	10a. USUAL OCCUPAT	TION (Give kind of work 10b orking life, even if refined)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fora ga country	12. CITIZEN OF WHAT COUNTRY!
	Housewif			Pulaski, Virginia	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
N	F	ielding Smith		Mary Lowman	
/		/ER IN U.S. ARMED FORCES?   1	16. SOCIAL SECURITY NO 17. 11	VFORMANT	\$
	ino, or unxown)	11 Aes & LAS MALOL GRISS OLZ BLAICE)	none Mrs	s. Ross C. Copley Hagers	town, Md.
	18. CAUSE OF	DEATH [Enter only one cause po	er I na for (a), (b), and (c),	^	INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	arterios clerr	tre heart derease	ONSET AND DEATH
	420.	DUE TO			
	Conditions, if on				
	geva rise to immed	lieta ceusa			
	(e), stating the causa last.	undarlying Doc 10			
-		R S GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GO	VEN IN PART 1(a) 19. WAS AUTOPSY
ı	ATIO	Fractu	A 0 %		PERFORMED?
-	PART II. OTHE	AS UNDERLYING [] 206. D	- /OL DOGS	(Entar nature of injury in Pert I or Part II of Itam 18.)	
		CAUSE OF DEATH			
ı	0			CE OF INJURY [Homa, farm, 20f. (City or town]	(County) (Steta)
-	Hour e.m.		hila Not While facto	if, man, once brown, steri	
-	21. I certify	that (I) (this hospital) att	ended the deceased from	May 1946 10 Oct	2.7, 19.65, that (1) (we) last
				death occured at 2AM, from the causes	
	22e. SIZNATURE	7-	**		22b. DATE
	160	e Hone	M.I	ATTENDING MED. STAFF DIRECTOR PHYS.	(B/35/6)
	22c PHYSICIAN'S			22d. ADDRESS	1-3-1-4
	NAME (Type	Paul Harris	sen M. D.	Hagerstown, Ma	aryland
	23. BURIAL, CREMAT	ION, 236 DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (CITY, I	own or county) (State)
	REMOVAL (Specify	10/30/1961	Rest Haven Cer	metery Hagerstown	Md
		R'S SIGNATURE DUZET FUNETAL Ho		25m. REC'D BY REGISTRAR 25b. R	
1	Suter 7 Ho	uzer runeral no	ome Hagerstown,	Md. DATE NOV 1 '61	Testhur S. Hinna
7	A Charles and comment	= 7			

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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORD

RESTON STREET, BALTIMORE 1, MARYLAND



Agents drops

NARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE 1 2. USUAL RESIDENCE (Where decessed I vad, if institution, Residence before admission) I. PLACE OF DEATH e. COUNTY P CI MARYLAND c. CITY OR TOWN Ill outside corporate limits, write RURAL and give near ON A FARM? YES NO 3. NAME OF DECEASED OF (Type or print) DEATH AGE IT YEAR IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months physician 13. FATHER'S NAME 15. WAS DECEASED EVER IN J.S. ARMED FORCES! 18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) CARCINOMA OF gave risa to Immadiata causa DUE TO (e), stelling the underlying ceusa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? THROMBOSIS NO 2 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18) OR CONTRIBUTING | CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY 20d. INJURY OCCURRED | 20a PLACE OF INJURY (Homa, farm, ' 20f. (City or lown) (County) (Stata) Month, Dey, Year Whila Not While factory, street, office bldg., atc.) et work at work 19 6/ to .. Old 21. I certify that (I) (this hospital) attended the deceased from. Sect. saw the deceased alive on... DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. Hurouco VI PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 235. DATE THEREOF (Slete) 0 VR A15 (4) 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

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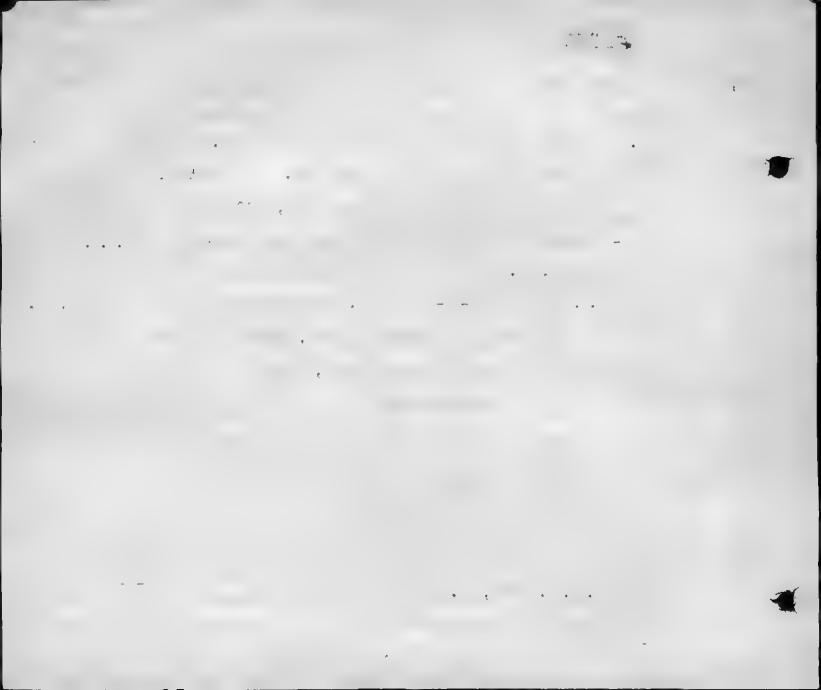
tem 18 Film 301 11-2 M-ARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DR STATE 935 MEDICAL EXAMINER'S CERTIFICATE OF DEATH NOT DEPT 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admits on I. PLACE OF DEATH a. COUNTY b. COUNTY is ne. director. Per verant files. Maryland Was hington Washington MARYLAND b. CITY OR TOWN (il outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 for years write RURAL and give naerast town) Hagerstown Lafe Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 1317 Oak Hill Ave. 101 W. Lee Street YES NO IK 3. NAME OF Middla Month Year with the ROY DANZER. JR. 1961 (Type or print) DEATH October This certificate should be executed within 24 hours after death.

Word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to 3 edical Examiner's Office along with form PM3. Page 5 may list old be used as a burial-transit permit, Fix press 1 and 2 with the cremation, or removal, and In any event, within 72 hours after 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR, 1F UNDER 24 HRS.) 17 yrs. December 27, 1913 Male WIDOWED -DIVORCED [ 10a. USUAL OCCUPATION (Give xind of work 10a. USUAL OCCUPATION (Give xind of work dona during most of working I fe, avan if ratired)

Metal Fabrication 12. CITIZEN OF WHAT COUNTRY? Secretary-Treasure U.S.A. Company Hagerstown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rey Danzer, Sr. Mary Skiles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes | (Ifyasgivawarordatasofservice) Hagerstown, Md. Mrs. Jeanette Darner Danzer 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Thrombetic Occlusion Of Ant. Decending Coronary Recent DUE TO Conditions, if any, which' Coronary Atheroscleresis, Severe gave rise to immediate cause DUE TO (a), stelling the undarlying STY MEDICAL BARRAINERS word "pending execute the certificate, writing the word "pending execute the certificate, writing the word "pending executes the certificate the certif PART II. OTHER SIGNIF. CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Medica! I should be CERTIFICA NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | forwarded to the Clim Me L DIRECTOR: Page 3 sho sted agent, prior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Yaar 20f. (City or town) (County) (Slata) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🕌 . Inspection Inquiry 1 and in my opinion death resulted from: Natural causes DC Accident Suicide Homicide -Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 10-7-61 Dr. E. W. Ditto. Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) Rose Hill Cemeterv O ME Purial Hagerstown TUNERAL DIRECTOR Funeral Home 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Hagerstown, Maryland patc1 9 arthur S. Haus '61

MARYLAND STATE DEPARTMENT OF HEALTH

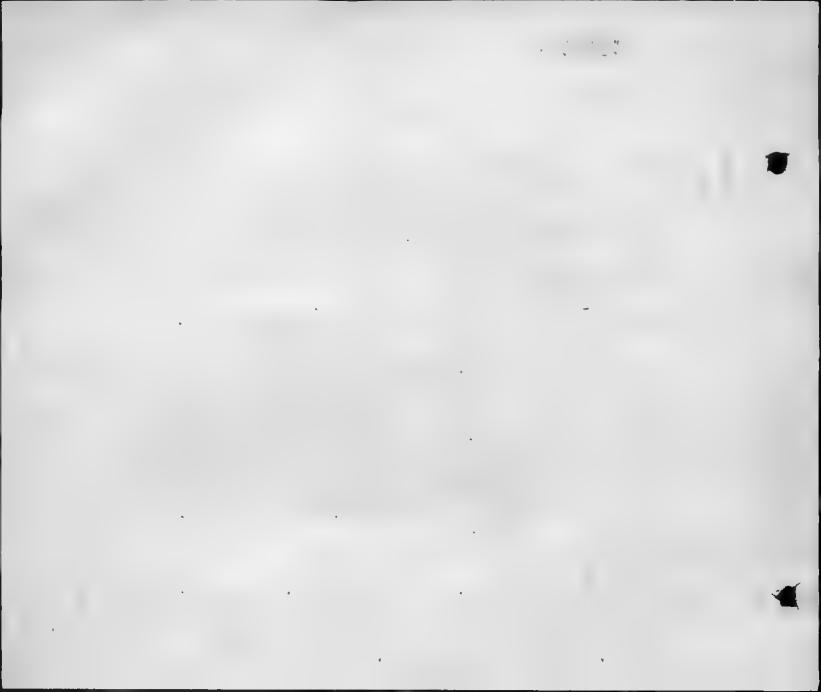


STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pjnoys ¥ 0 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institution: Residence before edmission) a. COUNTY Sa a. STATE b. COUNTY b. CITY OR TOWN (if outside corporete limits, 4 th MARYLAND C. CITY OR TOWN (V outside corporate limits, write RURAL and give nearest town) death. アイタグ and c. LENGTH OF STAY IN 16 ò write RURAL and give nearest town) hours after of Dr. MAX .57 PIELMANS. STATION d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? YES NO 3. NAME OF papers. DECEASED (Type or print) DEATH 196/ within OCTUBEIZ : 30 AGE (in years (IF UNDER ) YEAR carbon COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 8. and last birthday) Months Devs Hours WIDOWED X DIVORCED 86 yrs. (0 11. BIRTHPLACE (County & State, or fore an country) physician 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? done during most of working Irfe, even if retired) ETIKED ARNI REATHEDSVILLE WASHICO. /YU. WISIA attending pl 13. FATHER'S NAME and ELAUDER OOHN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ! (If yes give we ror detes of service) Physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial-transit DUE TO gava rise to immadiate cause DUE TO (a), stating the underlying has cause last. ‡he certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8) 19 WAS AUTOPSY CATION PERFORMED? NO TO prior 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) R: After this codetached for Health **MEDICAL** 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, ferm. (Stefe) 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While Hour eum DIRECTOR: 7 3 should be det p.m. (this hospital) attended the deceased from COCT 19601 saw the deceased alive on. DATE ATTENDING. MED. STAFF DIRECTOR PHYS FUNERAL PHYS. M.D director, page. 224 PHYS.C.AN S 22d. ADDRESS 23a, BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or county) REMOVAL (Specify) OH ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERALADIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 OONSB 6RO DATE NOV 2 761 Cribus & King



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) b. COUNTY Marvland Washington c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearast town) Hagerstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick YES NO 📆 4. DATE DEATHOC tober 1961 9. AGE [In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours 66 & State, or fore on country) 112. CITIZEN OF WHAT COUNTRY? Mapleville Wash Co wd USA 14. MOTHER'S MAIDEN NAME Jennie Butts Address Henry J. Dick 601 Frederick at Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Cavernous Sinus Thrombosis days Staph. infection about eyes days Septicemia (staphylococcic) days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I of Item 18.) (State) 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) fectory, street, office bldg., etc.) 19 61 to Oct. 23, 19 61 that (I) (we) last 1.19.54, and that death occured at 2P. M. from the causes and on the date stated above. 22b. DATE 10-25-61 DIRECTOR PHYS. N. Potomac St. Hagerstown, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Hagerstown Wash Co. Md. Rose Hall Cemetery Butial 250. REGIO NY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carthur S. Hours Andrew K. Coffman Hagerstown Md. DATE

VR A15 (4) 15M 9/6





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11939 **CERTIFICATE OF DEATH** Rea. Dist. No. With PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Fled **b** COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporole limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ě FURAL and/give neorest/lown) shavid d. NAME OF HOSPITAL (If not in haspital, give street addgmi) d. STREET ADORESS IS RESIDENCE OR INSTITUTION ON A FARM? ash YES I NO I NAME OF Burst Middle DATE Lost Day Year DECEASED (Type or print) DEATH 196 6. COLOR/OR RACE DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED fast birthdoy) Months Days Hours DIVORCED [7] WIDOWED [ 10o. USUAL OCCUPATION (Give kind of Feek done 10b. KIND OF BUSINESS OR INDUSTRY 11. BUITHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? C150 W 13. FATHER'S NAME MOTHER'S MAIDEN NAME eaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SHORMANT 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and, (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-10-ken IMMEDIATE CAUSE to **DUE TO** Conditions, if ony, which fb gove rise to immediate **DUE TO** corse (o), stoting the underlying couse lost. burial-transi PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (Slote) factory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 4105 alive on AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

NAME (Type

220 BURIAL CREMATION,

ACTUAL SIGNATURE PHYSICIAN'S

22b. DATE THEREON

22c NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City/Town, or county)

(State)

SEMAN AL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24st. REC'D BY REGISTRAR

DATE

OCT 2 7 '6

24b. REGISTRAR'S SIGNATURE

BENR & Flance

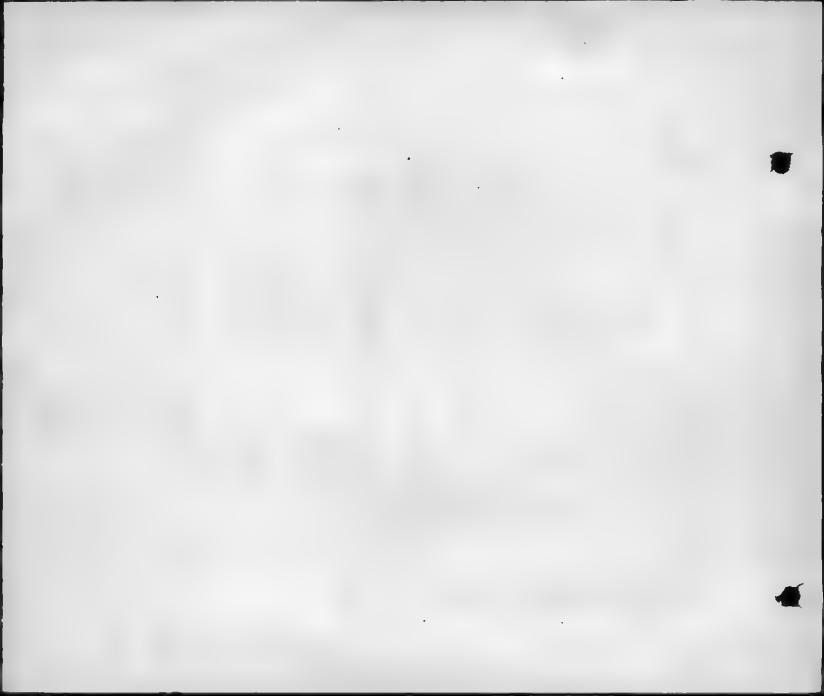
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 27 CERTIFICATE OF DEATH

ň	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, H Institution: Residence before edm ssion)
명 명리 \ /	10 4 . 311 T 110 mo	LAND 6. COUNTY WASHINGTON
de and A	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF ST	
E D	Hwite RURAL and give poorest town] 40 YR	S.   AGERSTOWN
S #	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	reas) d. STREET ADDRESS   e. 15 RESIDENCE
दृ तै 📗	) 603 W. CHURCH ST.	603 W. CHURCH ST. ON A FARM?
S. E.	3. NAME OF First Middle	Last 4. DATE Month Day Year
27 A	(Type or print) ALBERT VINCENT	OF
8 <del>4</del>	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRI	FFIIA DUTTER TRIPER
ર્જું.≱	MAIL:   1-21 T 中立	
ove ca event,	10a. USUAL OCCUPATION (Giva kind of work   1Db. KIND OF BUSINESS O	0,21,2010
2 0	done during wast of scorking Irie, even if retired)	251/43 (7.0
a ye		MFG CO. PLNNSYLVANIA U.S.A.
5 C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Pid Pud	BENJAMIN THEODORE FRITA	CATHERINE ELLEN HORNBAKER
e je	[Yes, Mg/or unkown] [[flyesgivawarordates of service]]	O. 17. INFORMANT Address HIG: FOLOWN
remova	214-09-2	198 MRS. MARGARIT FRITZ MD.
Ę 6	1B. CRUSE OF DEATH (Enter only one cause par line for (a), (b), and	
<u> </u>	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	usis 4 &+ miller excepted part 6 monte
ral-transit cremation,	DUE TO	
burial-fransi al, crematio		ziv schrisis gear.
<u> </u>	gava rise to immediate causa	
الق الق	(a), stating the underlying cause lest.	
the burial,	Z PART IL OTHER S GNIFICANT CONDIT ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a, 19. WAS AUTOPSY
S 5	Torminal brieumo	PERFORMED? YES NO NO
prior	E 70. A CODENT WAS INDERLYING TO 1 ON DESCRIPE HOW INLED	OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
a	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Health		20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
etach o T	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While	factory, street, office bldg., etc.)
t. of	Hour a.m. White Not White st work 19	
Dept.		d from 1961, that (1) (we) last
State	saw the deceased alive on 14 oct 196/	and that death occured an 30 M. From the causes and on the date stated above.
£ 55	228. SIGNATURE	ATTENDING MED. STAFF / SIGNED
5 E	Clare tood and	M.D. PHYS. DIRECTOR PHYS.   U//7/61
with t		22d. ADDRESS
, D	Lein D. Moachla	nder. 1154. Wash. St Hager tun ml.
director, be filled v	23m. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	EMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
2 <del>5</del>	BURIAL 10/18/51 KLST	HAGEPSTOTT MD.
(4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
<b>/61</b>	111. 7. MAGament Hazerne	oren Md, DATE OCT 19'61 arily & time
	The state of the s	

y filled in by the funeral TO HO TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and completely filled in by the funeral

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		1	1942			CLRIII	ICA	IE OF L	EAIL	1			Reg. [	list. No		26
7	1. [	PLACE OF DEATH COUNTY	Vashington MARYLAND			- 11	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY Frederick									
	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest fawn)				TH OF STAY IN	ч 1ь		orate limit	limits, write RURAL and give nearest lawn)							
					2 hour.	ے	Sabillasville									
		OR INSTITUTION	AL (If not in hospital, ) incton Cou			- n ]		d. STREET A	DDRESS			J	X	. }		FARM?
	3. 1	NAME OF	Fi		Capt	Middle	!!	los		4. DATE		Mor		Do		
		DECEASED (Type or print)		lsie	Mae	Gank				OF DEATH		Oct.				Year 19 61
	5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED   NE	EVER MARRIED	8.	DATE OF BIRTI	1	.!	9. AGE	in years	IF UNDE	R 1 YEAR		
		Female	White	WIDOW		DIVORCED		Feb. 4	, 191	.6	last by	sthdoy} ) yrs.	Months	Days	Hours	Min
	10a	. USUAL OCCUPATIO during most of works Practica.	ing lita, even it retired	done 10b.	KIND OF	BUSINESS OR	INDUSTI						1			COUNTRY
	13.	FATHER'S NAME	r war se					14. MOTHER'S		inia	, Luc.	Ker	Up.	U a	S. A	•
1		Albert (	arr					22004		מווים	1/			. 7 . 1		
)		WAS DECEASED EVER			SOCIAL SE	CURITY NO.	17, INF	ORMANT		And the state and		Add	ress			
	1101	t, no, or unknownj	I yes, give war or dates of :	ervicej				Ne.43 et	OD	v rca	sh Sa	bill	Lesvi	lle,	Md.	
			TH [Enter only one co	use per li	ne for (a),	(b), and (c).]								INT	ERVAL BE	TWEEN
	PART 1, DEATH WAS CAUSED BY: Myocardial infarction											12 hours				
	Tal U , C DUE TO															
	Canditions, if any, which and the Arterios derotic heart disease															
		case (a), stating the <u>under.</u> lying cause last.  {c}														
	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON		CONTRIBUT	TING TO DEAT	H BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	SE CONDI	TION GIV	VEN IN PA	RT 1(0)	PERFO	AUTOPSY ORMED?
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)																
		20c. TIME OF INJURY		ar 20d. 1	NJURY OC	CURRED 2	Oe. PLAC	E OF INJURY	tome, form	, 20f. (Cir	y or lown)			(County)		(State)
	MEDICAL	Haur a.m. p.m.	19	While of wor	k 🔲 Not	while ork	facta	ry, street, office	bldg., etc.	1				,,		, , , , , ,
		21. I certify the	at I attended the	deceas	ed fram	Oct.	5	., 19_6]	, ta	ct. 5		19 6	L,that 1	last so	w the	decease
		alive an_Oct.	5	, 19				ccurred at								
		ACTUAL		1	_ ` (	_			•	ADDRESS (9	itreet, city	or town,	state}		D/	ATE SIGNE
		SIGNATURE	J- DE	<del>_</del> -			М.	D		*****						
		PHYSICIAN'S NAME (Type)	W. N. Fen	der,	M.D.				21	8 N.	Potor	nac S	St.,	Hage	rsto	wn, M
	220	BURIAL, CREMATION		)F	22c. NA	ME OF CEMET	ERY OR	REMATORY		22d. LOCA	TION (Cir	y, town,	or county		(Stal	e}
		urial	10/8/61			ontown	Cem	etery			sonto		II. Va	-		
	23.	FUNERAL DIRECTORS	04	,	- /	RESS		0		D BY REGIS			STRAR'S S			
		Miller J	Ares E		Vay.	res bor	6,6	ra	DATE	19 6	51	- Or	Tl.117 8	Than	A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be aloned by the haspital ar attending physician.

TO FUNK: DIRECTOR: After this certificate has been signed by the attending physician and campletely file has the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages T and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where daceased I vad, If institution, Rasidence before admission] 후건속 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF paper DECEASED OF comple (Typa or print) MURTIE DEATH car 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Finlar only one cause per line for (a), (b), and (c,.) PART I. DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (a) DUE TO - abdominal Carcinomatosis Conditions, if any, which gave rise to Immediate cause **DUE TO** (a), stating the undarlying Carcinoma of bladder PART II, OTHER SIGNIF, CANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) (1) Hypertension
200. Accident was underlying OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, streat, office bldg., etc.) While Not Whila Hour a.m. at work 196/ to OCT. 20, 1961, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Sept. 12, 19.6/, and that death occured at land, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING PHYS. PHYS. M.D. 22d. ADDRESS Western md. State Hospital 22c. PHYSICIAN'S NAME (Typa) director, 23a, BURIAL, CREMATION, 23b 25a, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4)

a. IS RES DENCE ON A FARM? YES NO Z

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

NO

SIGNED

Oct. 20,1961

(Stata)

15M 9/60

· 1 - 2	255	MARYLAND STATE DEPARTMENT OF HEALTH
A MA	1	110/2 CERTIFICATE OF DEATH
P PE	! _	41934
aft inner in	1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY  a. STATE b. COUNTY
hours or the f and 2 s leath.	-	WASHINGTON  MARYLAND  MARYLAND  MARYLAND  MARYLAND  MARYLAND  MASHINGTON  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)
ed in be ges la affer d	_	HAGE RSTOWN 40 YEARS  d. NAME OF HOSPITAL OF INSTITUTION (IF not in hospita., give kireet address)  d. STREET ADDRESS  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
ers. Pa ers. Pa 2 hours	7 3.	NAME OF ELM ST. Middle 109 ELIM ST. Month Day Year
comple comple on pap iithin 7	5.	DECEASED (Type or print) CARROLL FOCAR GRIFFITH  SEX 6. COLOR OF RACE 17, MARRIED TO BE R. 3 - 19 6/  SEX 6. COLOR OF RACE 17, MARRIED TO 8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.)
in and in and example ent, wi	10	MALE WHITE WIDOWED DIVORCED SEPTEMBER 20.1908 53 yrs. Months Days Hours Min.
certific shysicie remov any ev	1 6	AFTIRED MECHANIC GENRAGE - NEAR KEEDYSTILLE WASH. CO. N.D. U.S.1) FATHER'S NAME
d in d	1	
T and T	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  as, no, or unkowh) [(Ifyasgivawarordalasofsarvica)]  ST.
e at The The The	(1	TES W.W. 2 214.09.5005 MRS. ELLA LOU CRIFFITH HACERSTOWN MD.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
ian.	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTRYAL BETWEIN ONSE AND DEATH
tuling the state of the state o		PART I. DEATH WAS CAUSED BY. Pulmonary Edema & Hypoproteinemia 60 days
y rec		583 × DUE TO  Conditions, if any, which \ Left & Right ventricular Failure   1 year
ndin ndin een ial-tr		daya rise to immadiate cause
The atteres best burillaries		(a), stating the underlying DUE TO Fassive congestion Liver & Renal Failure years
oranicate historia as the to burn to burn	ATION	PART IJ. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
e hosp s certificor use prior	CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Partition of the search of the	- 1 -	20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele)
DIN Med It Affired etacl	MEDICAL	Hour a.m.  While Not While factory, streat, office bldg., etc.)  p.m. 19 at work at work
Consider of the constant of th		21. I certify that (1) (this hospital) attended the deceased from 1903, 19., to 9., 1964, that (1) (we) last
Page Day		saw the deceased alive on
A may L DIRI		22a. SIGNATURE  ATTENDING  ATTEND
with with		22c. PHYSICIAN'S  NAME (Type)  D. T. BOYCON & D. T.
UNI Hed	23	D. J. Boyer, M.D. 135 M. Potomac Street, Hagerstown, and a surface of cemetery or crematory 23d. Location (City, town or county) (State)
direction of the second of the		130 RIAL OCT-6:1961 ROSE HILL CEMETERY HAGERSTOWN WASH. CO.MD.
VR A15 (4) N	24	FUNENAL PRECTORIS SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/= T		Jalu TI. OScest 1300NSBORO NO DATE OCT 10'61 Lilling S. Thomas



Samples Manor Cemetery

Ferry,

Harryers

West

Samples Manor, Maryland

Civilian & Thous

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

DATE

OCT 31 '6

director, ifed with should Pages Ē death. 췹 permit. ony signed **burial-transit** detach to buri DIRECT prior shaufd be n TO FUNE page

Page

haurs after death.

executed within 24

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

AW the De Me

Rumia



11946 **CERTIFICATE OF DEATH** Reg. Dist. No. 1 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY 25 MARYLAND CITY OR TOWN IIf outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR IDSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? 10034 YES | NO X NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) or a OVOUC 196 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HPS lost birthday) Months Dovs DIVORCED [7 WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which I gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? eneva elles sche YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street office bldg., etc. Hour a. It. While at work at work p. m. 21. I certify that I attended the deceased fram. 1962 that I Just saw the deceased and that death occurred at 1, 3 APM, fram the causes and an the date stated above. DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 20d. LOCATION (City town, or county) Va. Charles Town, W. Va. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)  $\operatorname{Ed}$ £e. 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 1 Cittur & Krown

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



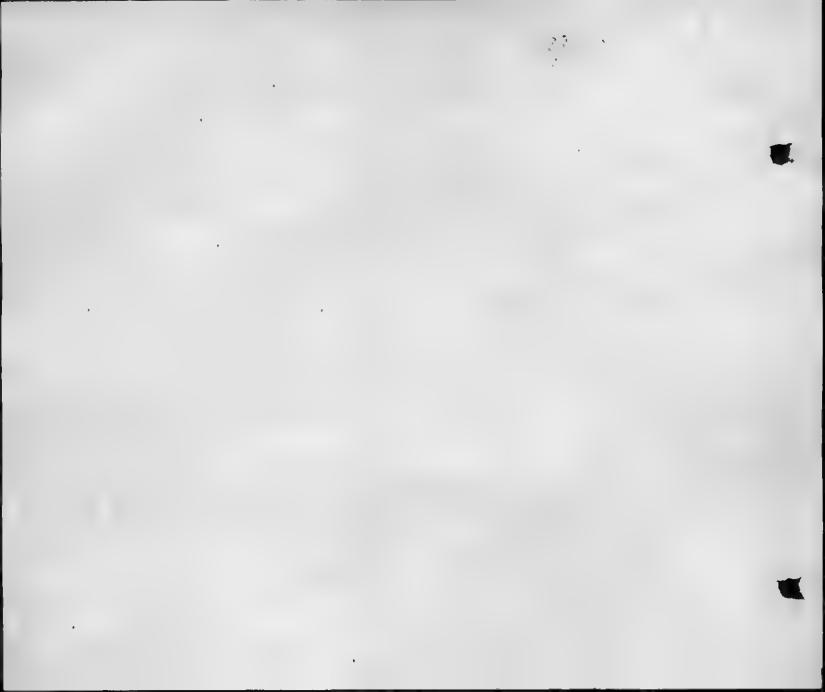
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
11347 CERTIFICATE OF DEATH	
1. PLACE OF DEATH  a. COUNTY  Washing ton  b. CITY OR TOWN (if oulside corporate   mits.  write RURAL and give neerest town)  Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)  2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admissing to a strain of the country washing ton  c. STATE  Mayyaand  Washing ton  c. CITY OR TOWN (foutside corporate limits, write RURAL and give neerest lown)  Hagerstown  d. STREET ADDRESS  e. IS RESIDEN	
302 Jefferson St  3. NAME OF DECRASED (Type or print)  IDA GLADYS  5. SEX  6. COLOR OR RACE 7, MARRIED NEVER MARRI	15.
Housewife  13. Father's Name  Own Home  North Carolina  USA	_
Jonas R. Spaugh  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyersgivewer or detes of service)  None  None  Mrs Martha Kelbaugh 303 Jefferson St  18. CRUSE OF DEATH [Enter only one ceuse pet ine for (e), [b), end (c).]  PART I. DEATH WAS CAUSED BY. (IMMEDIATE CAUSE (e)  Conditions, I any, which gave rise to immediate ceuse (a), stelling the underlying cause last.  (c)	_
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOP PERFORMED YES NO OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER)	SY 2
Zoc. TIME OF INJURY Month, Day, Year Hour a.m.  Pum. 19   20d. INJURY OCCURRED   20d. FLACE OF INJURY (Home, ferm, factory, streat, office bldg., etc.)   (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from OCA 7	DVO.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial /0/26/6/ Funkstown Cemetery  23c. NAME OF CEMETERY OR CREMATORY Funkstown Wash Co Md	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE	
Andrew K. Coffman Hagerstown Md.   Date Ut 4 0:   Clothing & Through	



#### EET, BALTIMORE 1, MARYLAND OF DEATH FICATE plnoys USUAL RESIDENCE (Where decesed lived, if institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY m. STATE **b.** COUNTY Jashington MARYLAND b. CITY OR TOWN (if outside corporete .im ts, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete l.m ts, write RURAL end give neer ist town) write RURAL end give neerest town) Hager town 619 N. Locust St.. 5 d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street eddress d STREET ADDRESS . IS RESIDENCE ON A FARM? "estern "d. State "esmital Tagerstown YES NO 3. NAME OF 4. DATE Middle Veer DECEASED OF (Type or print) DEATH V SIS IF UNITER LYEAR | IF UNDER 24 HRS. NEVER MARRIED female white DIVORCED T 1-23-1379 WIDOWED TA The. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11 BERTHPLACE Cod , 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) physici Front Royal. self employed dress maker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Then please Mary Kingslev Andrew Hackett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unknown) (If yes give were redetes of service Baltimore, Md. Alice M. Hansbrough 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b , and (c).] INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) LOBULAR PHEUMONIA DUE TO FRACTURE OF LEFT HIP gave rise to immediate cause DUE TO (e), stelling the underlying couse lest. PART I. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY cert ficate PERFORMENT 200 ACCIDENTONAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury In Pert I or Pert I) of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER) FELL the th WHILE AT 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, while Not While at work et work of the work of After 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer HAGERSTOWN WASHINGTON at work at work CIOR: 21. I certify that (I) (this houseted) attended the deceased from 7-13- 1961, to 10-13 - 1961, that (I) (-) last 22b. DATE 220 SHENATURE ATTENDING SIGNED Marohi DIRECTOR | PHYS. PHYS. 22d. ADDRESS 22c. PHYS+CIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b DATE THEREOF dire dire REMOVAL (Specify) "tal timore Green wount Cometery 10-26-61 cremation 25e, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Clear bring, Md. **DATIOCT 2 5 '61** Chalung S. France

LAND STATE DEPARTMENT OF HEALTH



a. STATE

d. STREET ADDRESS

Md.

Hagersto wn

DATE NOV 1

161

11949

b CITY OR TOWN (If autside carparate limits, write

RURAL and give nearest town)

Washington

d. NAME OF HOSPITAL (If not in haspital, give street address)

7 PLACE OF DEATH a COUNTY

### **CERTIFICATE OF DEATH**

MARYLAND

c LENGTH OF STAY IN 15

days

16

e. IS RESIDENCE ON A FARM? YES NO

Cathery & Henry

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

\_c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

b. COUNTY

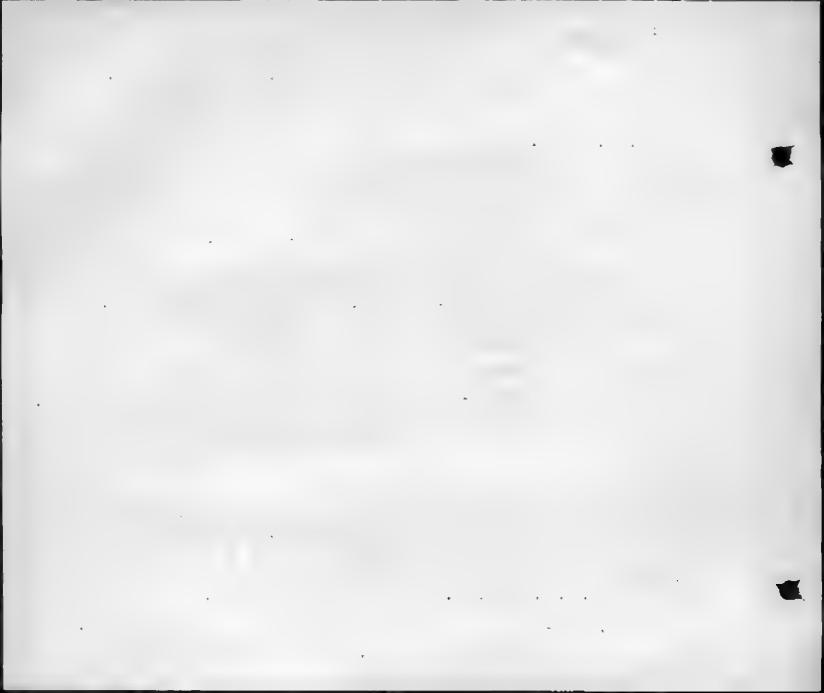
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age 4	rectar,	H T
TO HOSP OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 to the death Page 4	may be mode by the hospital ar attending physician  TO FUNERAL DIRECTOR: After this certificate has billing signed by the attending pilysician and completely filled by the funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.
s after	y the fu	2 shaul
24.12		i. ) ond h.
within	etely fil	. Page: ter deat
recuted	)demp(	popers.
le be es	ian an	carban hin 72 h
certifica	g pllysic	remave vent, wit
deoth	tte∎ding	please n any e
hat the	y the o	. Then I, and i
quires	signed	t permit
low re	hysiciar s b <b>==</b> n	al-transi tian, or
AN: The	nding p cate ha	he buric , crema
HYSICI,	ar atte	use os to burial
DING P	hospitol After th	ned far priar t
ATTEN	by the CTOR:	detach f Health
OR	may be the fined by the hospital ar attending physician D FUNERAL DIRECTOR: After this certificate has billings	page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.
HOSP	UNERA	ge 3 sh
10 F	10 1	o ‡

VR A1S (4) 15M 9/59

	L	lasin. Co	. Hospital		R.F.D. # 3						YES NO		
	3.	NAME OF DECEASED	Fire	st	Middle		Last	4 DATE	Man	th	Da	у `	Year
É		(Type or print)	Harry	Y	Milford		Heil	OF DEATH	10	)	28	1	19 61
ğ	S	SEX	6. COLOR OR RACE	7 MARRIED A	NEVER MARRIED	B D	ATE OF BIRTH		9. AGE (In years				
ithin 72 hours after death		male	white	WIDOWED [	DIVORCED [	Tu	ne 26. 1879	9	lest birthday) 82 yrs	Manths	Days	Hours	Min.
5	10c	USUAL OCCUPAT O	N (Give kind af wark o	dane 10b KIND OF	BUSINESS OR IND	USTRY	11 BIRTHPLACE (State	or fareign o	country)	12. CI	IZEN OF	WHATC	OUNTRY
<u> </u>		retir	ing life, even if retired)		actor		Hagerst	own	Md.		USA		
22	13.	FATHER'S NAME		4		14	MOTHER'S MAIDEN						
		Tohn	H. Heil				Clara G	coss					
رال		WAS DECEASED EVE	R IN U.S. ARMED FOR		SECURITY NO 17	INFOR			Addr	ess			
eve.	1,0	no	It yes, give war or dates of s		9-9369	lirs	. Lottie He	eil	Hagersto	wn, I	d.	R3	
2		18. CAUSE OF DEA	TH [Enter only one co	use per line far (a)	, (b), and (c).]		·				LINTE	RVAL BE	
5		PART I DEATH WAS CALISED BY											
p c		' y'	DUE TO	- ASTIGIAT	AL UCLEOUS		0020, 2010					year	
<u>,</u>		Canditians, if a	ny, which )	Uremia							11	day	re
ô E	gave rise to immediate Cause (a), stating the under-												
5		lying cause last		Hypertro	phy Pros	tate				_Sev	eral	yea	rs.
c`	NOF										9 WAS		
	18												ио 😼
Early 3	CERTIFI	20a. ACCIDENT WA	S UNDERLYING I	206. DESCRIBE HO	W INJURY OCCUR	RED. (E	nter nature af injury in	Part I or Po	rt II af item 18.)				
<u>e</u> ,	10,1		CAUSE OF DEATH										
Health prior to burial	Z A	20c TIME OF INJUR	Y Manth, Day, Yes				OF INJURY (Hame, fan street, affice bldg., et		y ar tawn)		(County)		(Slate)
2	MEDI	p. m	19	While Na at work at a	I WILLIE								
<u> </u>		21. I certify tha	t (I) (this haspital	) ottended the	deceased from	9-2	5	61_ i to.	10-28-	, 19_	61 th	ot (I) (	we) last
£		-	ed olive on 10-										
£ /		22a SIGNATURE	151	3 11 0 1	Z								DATE SIGNED
ō			MITU	1 Dell	$a \supset$	M.D.	PHYS X	RECTOR	STAFF PHYS.				3101400
ord		22c. PHYSICIAN'S NAME (Type)	10	/			22d ADDRESS						
2 ~			Dr. E. W.	Ditto, Jr			Harrs	town,	Md.				
State Board	230	BURIAL, CREMATIO	N, 236 DATE THEREC	)F 23c N	AME OF CEMETERY	OR CR			ATION (City, town, i	or county)		(Stat	e)
e m		REMOVAL (Specify)	10-31-61	Ros	e Hill Co	met	ery	Hage	r town		1	d.	
	24	PUNERAL DIRECTOR	S SIGNATURE	AD	DRESS		25g REC	D BY REGIS	TRAR 255 REGIS	STRAR'S S	IGNATU	RE	

Clearspring, Md.



# FOR STATE HEALTH DEPT.

lay is necessary, al director. Page ed for your files. Health, TO DEPARTY EXAMINER: This certificate should be executed within 24 hours after death, if a play phase execute the certificate, mriting the word "punching" in pencil in Item 18. Give Pages 1, 2, and 3 to the all district the Chief Medical Examiner's "file along with form IM3. Plage 5 may an retained for a should be used as a burial-transit permit, file pages 1 and 2 with the State Sor its designated agent, prior to burial, cremation, or removel, and in any aremywithin 72 hours after death. VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admitted to the county).

1,	1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, if institution, Re	ssidance before admission)
L	Washington MARYLAND	a. State Washir	reton
-	b. CITY OR TOWN (if outs de corporeta I mits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I mits, write RURAL and	give nagrast town)
	Hagerstewn Maryland life time	Hagerstewn, Maryland	
П	d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, g ve street address)	d. STREET ADDRESS	. IS RESIDENCE
١.	146 N. Jenathan Street.	146 N Jenathan Street.	YES NO
3.	3. NAME OF First Middle DECEASED	Last 4, DATE Month	Dey Year
1.		Hill DEATH Oct 5	19 <b>61</b>
5	1. MANUED   METER MANUED	TE OF BIRTH 9 AGE (In years   IF UNDER 1 Y last birthday)   Months   D	YEAR IF UNDER 24 HRS.
П	Male   Colored   widowed   Divorced   1777	an 31 1889 72 yrs.	ays Hours Mill.
1( d	10a USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)		EN OF WHAT COUNTRY?
L	Laborer	Hamerstown, Md. USA	Le .
13		MOTHER'S MAIDEN NAME	•
	unknew	unknew	
/ Li	15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO 17. INFO [Yas, no, or unknown] [(liyesgivawarordatasofservice)]	RMANT Address	
L	213-12-7235 Wark	ington County Welfare Boa	ide
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c) ]	y	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a) Carcinoma Of Lung		Recent
	/ X DUE TO		
	Conditions, if eny, which (b)		
	gave rise to immediate cause DUE TO		
	cause last, (c)	_	
O.	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
3		The state of the s	YES NO
CERTIE	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL  20 EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING    CAUSE OF DEATH.	nature of injury in Part I or Part II of stem 18.}	
18	20c. TIME OF INJURY Month, Day, Yaar   20d. INJURY OCCURRED 206. PLACE O	FINJURY (Home, farm, 20f. (City or town) (Count	y) (State)
VEDI	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE O While lectory, s of work at work 1	treat, office bidg., etc.)	
1	21. I certify that I took charge of the remains described above, held a	Autopsy K. Inspection . Inquiry .	and in my opinion
	death resulted from Natural causes 🔀 Accident 🗍 Suicide	Homicide . Undetermined manner	
		CHIEF MEDICAL EXAMINER	
	ACTUAL ( )	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE	DEPUTY MEDICAL EXAMINER	
	EXAMINER'S NAME (Type) Dr. E. W. Ditte. Jr.	Address (Street, city, town, or county)	
22	226. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREATER REMOVAL (Specify)		(Stata)
1	h ill Did O la	etery Hagerstown m	d.
	23. FUNERAL DIRECTOR ADDRESS	7 244. REC'D BY REGISTRAR 245. REGISTRAR'S SIG	
	John R Watson & Nagentain m	L DATE WITT 61 CILLIN &	trace
1			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11037 11051

1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admissing	on)
Tashington MARYLAND	lar land Fashin ton	
b. CITY OR TOWN (if outside corporate I m Is, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	-
write RURAL and give nearest lown)		
	Clear Spring	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)	d. STREET ADDRESS  a. IS RES DEN  ON A FARJ	
Srt Pauls Road	St Pauls Rouge   YES □ NO [	
3. NAME OF first Middle DECEASED	Last 4. DATE Month Day Year	-
(Type or print) ALLAN LYNN HOLLAF		
	. DATE OF BIRTH 9. AGE (In years [IF JNDER 1 YEAR] IF UNDER 24 HR	R5.
477 A 1	last birthday) Months Days Hours Min	
TDB. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUS NESS OR INDUSTR	Deg 8 1 06 74 yrs.  11 BERTHPLACE (County & State, or breign country) 12. CITIZEN OF WHAT COUNT	r n wa
done during most of working life, even if retired)		KTI
	e "inchester Frederick 60 Upr	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Lavini, Lynn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17, 1	NFORMANT Address	
(Yes, no or unkown) ((Ifyesgivewarordatesofservice)	es Viola F. Holler Clear Spring "	
18. CAUSE OF DEATH Enter on y one cause per line for (3), (by) and (c)	THE VITTE OF THE V	
PART I DEATH WAS CAUSED BY	ONSET AND DOATH	
IMMEDIATE CAUSE (a)	a nary acceleration 2m	Q
4201 DUE TO	<del>\</del>	
Conditions, if any, which (b)		
gava risa to immadiate causa (a), stating the underlying DUE TO		
cause last,		
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS	SY
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208 ACCIDENT WAS UNDERLYING 7 2Db. DESCRIBE HOW (NJJRY OCCURED OR CONTRIBUTING 7 CAUSE OF DEATH 1 [IF EITHER, NOTIFY MEDICAL EXAMINER]	PERFORMED!	?
TO ACCIDENT WAS INDEPENDING TO ONE DESCRIPTION AND UNIVERSE		AI_
208 ACCIDENT WAS UNDERLYING : 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING : CAUSE OF DEATH	(Calar nature dy in, bry in rate ( of rate in or rate io.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De PLA Hour a.m. While Not While fact all work all work all work	CE OF INJURY (Home, facm, 20f (City or town) (County) (State) ory, street, office bldg , etc.]	
Hour a.m.  D.m.  19 Si work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21. I certify that (I) (this hospital), attended the deceased from	Oct 15 196/ to Oct 2 2 196/that (1) (we)	lasi
	death occured at IGM, from the causes and on the date stated abo	
22a. SIGNATURE	22b, DAT	
2 PANONO	ATTENDING MED, STAFF	
ment of the many o	D PHYS DIRECTOR PHYS DIRECTOR PHYS	-
22cd PHTSICIAN'S NAME (Type)	Man Address of Man	<b>/</b>
Travia il Trewe	11 - Celas young my	1
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (C ty., town or county) (State)	
Puri 1 110/24/61 Rose will	Cenetery H. Ferstown Flush Co Ind	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
Andrew A. Hollin n Bay asserin d.	DATE NOT 2 7 161	
The state of the s	DATE OCT 2-7 '61 - CITLA & HOWA	

mplete, filled in by the funeral papers. Pages 1 and 2 should 77 hours after death. completes death. 1994 may be retained by the hospital or aftending physician.

In FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and conditionation, page 3 should be detached for use as the burial-transit perm.t. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

TO HO:

within 24 hours after

15M 9/60



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

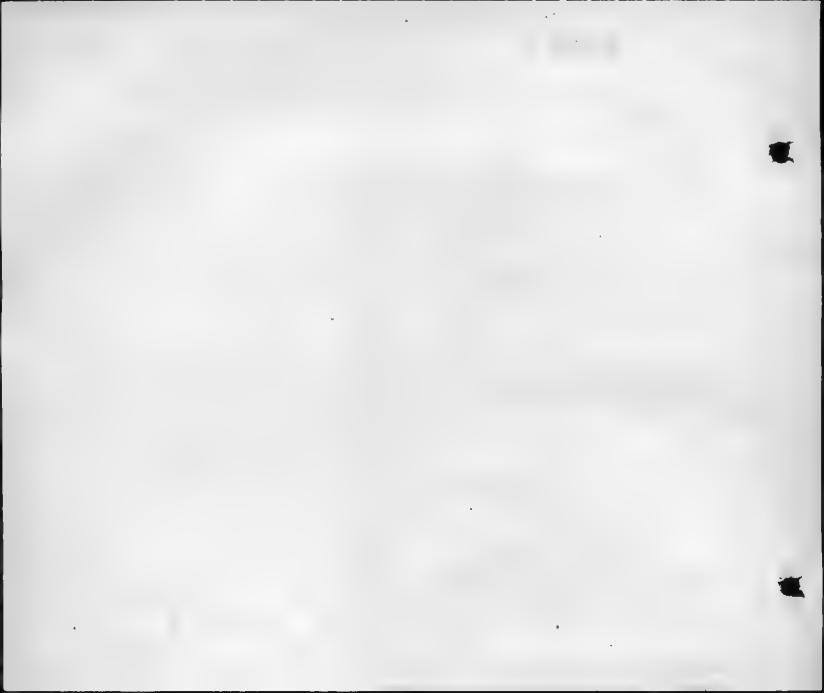
11952

**CERTIFICATE OF DEATH** 

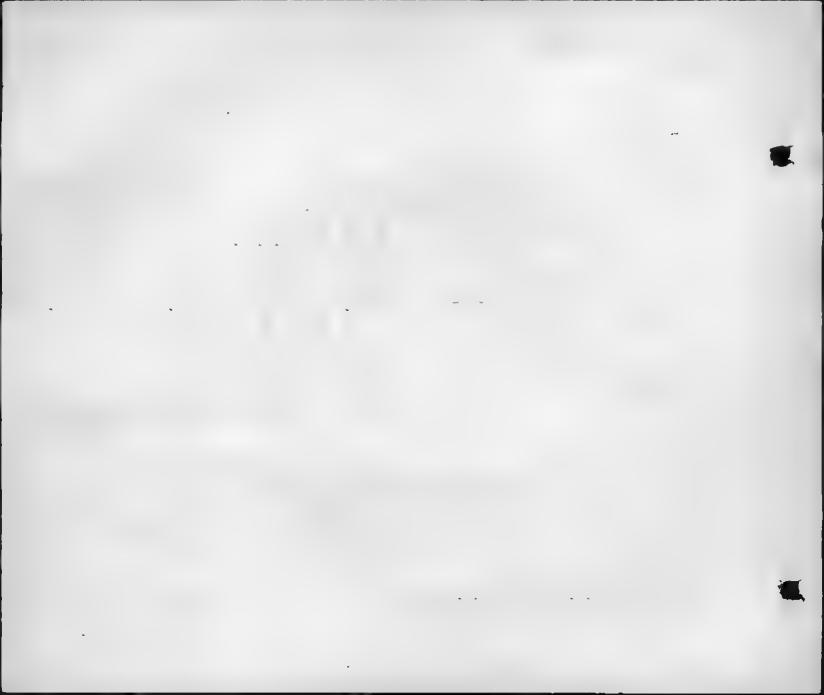
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4	351		<u> </u>	1100
Page	lirector ed w t	M)	ī	PLACE OF DEATH  D. COUNTY  WAShington  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  B. COUNTY  MARYLAND  MARYLAND  D. COUNTY  MARYLAND
Ę.	e file		Н	b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If autside carporate limits, write RURAL and give regress town)
q	d t			Cuilliams pont 7days Hagerstown
ie.	haul haul	4 9	Н	d NAME OF HOSPITAL of not in hospital, give street address)   d STREET ADDRESS   e IS RESIDENCE
8	d 2 s	0 11		Williamsport Sanit Arium 426 West Washington St. YES NOT
Ь.	0 0		3.	NAME OF First Middle Last 4. DATE Month Day Year OF
1 24	as I			OF DEATH OCTOBER 23 1961
ifhir	Pog dex		5	THE PROPERTY OF THE PROPERTY O
3	olete rs.		0	20 White WIDOWED DIVORCED   January 24 1876 85 yrs. 1874 293 Hours Min
i i	omp sper		10c	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?
e X	Po Po			Housewife Home Williams port Maryland W.S. A.
pe o	10 of 12		13	Housewife Home Williams port, Maryland W.S. A.  FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ate	icior e co ithin	(T)	1	Walter B. Me Coy Clara Ardinger
iffic	physi mover int, we	$(\perp)$	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO. 17. INFORMANT Address
Cer	ng p e rer even		[16	No No No No. Louisa Hull 426 W. Washington
eath	eas leas			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
e d	of te			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  PROGRAMMEDIATE CAUSE (a)
÷	the The			4) J. I DUE TO
#P C	호 = =			Conditions, if ony, which ) ( Carolin / Carolin )
100	erm			gove rise to immediate DIETO
equ.	ig i		1	couse (o), stating the under-
¥ DIO	ons 1, ai		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY
e la	a the		Ĭ	PERFORMED? YES NO Z
Thursday	e ho		I E	20a ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
AN	icat ihe I, cr	C	E.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	as 1 orio		CAL	20c TIME OF INJURY Manih, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote)
H &	is co		MEDI	Hour a.m.  White Nat while foctory, street, affice bldg, etc.)  p. m.  19 al wark at wark
O Did	far th		1	
DIN Pos	Affed hed			21 I certify that (I) (this hospital) attended the deceased from
FR.	XX: stack		1	saw the deceased alive on 12-22 16/1, and that death occurred at 3A.M. from the causes and on the date stated above
AT	C of I	- 1		A. SIJ Della ATTENDING MED STAFF SIGNED
ed S	A Paragraph	J		22c PHYSICIAN'S 22d. ADDRESS
م	AL I haul Boa			NAME (Type) 177 F M IT, T ( G ) A Fe water may
SPI	3 s for the forter		230	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF TEMETERY OR CREMATORY 23d LOCATION (City, towy or county) (State)
9 6	Page 3		B	urial Oct. 26-61 Rosehill Cemetery Hagerstown Md.
0 =	5 9 =	1	24	FUNERAL DIRECTOR'S SIGNATURE 2014 ADDRESS FOR 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A	15 (4)	BY	14	Moest X real Williamsport of 1 de DATE OCT 2 6 '61
15M	9/59	A	-	Littley & Through

VR A 15M



31	ı	MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMO	RE, 18
		11953 CERTIFIC	ATE OF DEATH	Reg. Dist. No. 11Q
(M)	1.	PLACE OF DEATH  O. COUNTY  MARYLAND  MARYLAND		institution: Residence before admission) OUNTY VISHINGTON
	Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret fown)	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest lown)
	L	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	HAGERSTOWN	13
141	ı	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENC ON A FARM
(7)	3	WASHINGTON COUNTY HOSPITAL	WOODERD AVE.	
*	L	NAME OF First Middle DECEASED (Type or print) LEHMA VIRGINIA	G. HUTZELL DEATH	Month Doy Year OrTORER 7 196
	5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED		
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI		12. CITIZEN OF WHAT COUR
60		during most of working life, even if retired)	Barber Co.W.Va.	USA
<u></u>	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UD7
T	1	Isaac Gainer	Daisy Burley	
	15.		INFORMANT	Address
7/	L		mer C. Hutzell Woodpoint	Ave. Hagerstown Md.
5		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)-]		INTERVAL BETWEE
*		PART I. DEATH WAS CAUSED BY:	HOITSUSTER	ONSET AND DEAT
ŭ ⊁		422,1 DUE TO	_	
duo		Conditions, If any, which by MESENTERIC	1194504190213	6+ MRS
E DUD	_	cesse (a), stating the under   DUE TO   lying couse lost.	TIC CARDIO VASCULAR	
,1000	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED YES NO
or ref	L CERTIF	20g. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of Hem	18.}
######################################	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Hour o. m. P. m. 19 of work of work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(County) (Si
5	-	21. I certify that I attended the deceased from 5 Quito	158 1961 to 7 October	19 G ( that I last saw the class
o c	L	alive an 7 Corrossa , 1961 , and that deat		
0	П	8	ADDRESS (Street, city of	r lown, stote) DATE SIG
ō		SIGNATURE LA. D. CTAVSON	M.D. 218 N. POTOMAC	37. 70.7.1
ā i		PHYSICIAN'S W.N. Fender M.D.	MAGERSTON IN	1204020
	100	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	DR CREMATORY 22d LOCATION (City.	town, or county) (Stole)
registr	220	PEMOVA! (Specify)		(Store)
ine registr		REMOVAL (Specify) 10/10/61 Rest Havne		own Md.
ine registr		REMOVAL (Specify)  Burial 10/10/61 Rest Havne  FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Rest Haven Juneral Chapel Hagerston	24a. REC'D BY REGISTRAR 24	own Md.



VS. AISME 5M 7/59

## **FOR STATE** MIALTH, DEPT

TO DEPUXE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are they is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the topical director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and with the State Board of Phallth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after leath.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11954 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 5. COUNTY
	Washington MARYLAND ASSIATE Maryland B. COUNTY Washington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
4	Dargan 9 years X Dargan
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	50 yds. off Dargan Road   RFD#1, Harpers Ferry, W.Va.   YES   NOK
	3. NAME OF First Middle A Last 4. DATE Month Day Year DECEASED OF
Į	(Type or prot) GURDON U.EN they rain DEATH October 13, 1961
1	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR
	A A COLOR OF THE C
ı	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BJSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	Student School Dargan, Maryland USA
i	Granville James Ingram  Genevieve Pauline Norris
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO., 17. INFORMANT Granville Indian
	(Yes, no, or unkown) (Ifyesg   vewerordates of service) No None None RFD #1, Harpers Ferry, West Va.
	18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]
	PART I DEATH WAS CAUSED BY.
	MAMEDIATE CAUSE (a) Quashot Wound involving entire Left side of
ı	Conditions, If any, which to Face and Head.
ı	gave rise to immediate cause
١	(a), stating the underlying CC (c)
	PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO N
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of 'tem 18.)
	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF CAUSE
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, 20f. (Clty or town) (County)  While Not While 1 Not While 20 Not Whil
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  5.00 pp.m.  10-13 1961  Shot by another Doy  Ano
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  10-13 1961 at work at
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, Hour s.m. 10ml 3 1961 at work at work 1 took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, Hour e.m. 10ml 3 1961 at work at w
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, 20f. (City or town) (State)  While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from.  Natural causes Accident Suicide Accident Acc
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY County)  Shot by another Doy  While Mour a.m.  10a13 1961 at work at
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  10c. 13 1961   Accident   Acc
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  10c. 13 1961   Accident   Suicide   Homicide   Homi
	20c. TIME OF INJURY Month, Day, Year Hour s.m.  20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, both the perform street, office bidg., etc.)  20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, both the perform street, office bidg., etc.)  20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, both the perform)  20d. I



Hagerstown, Md.

arthur S. Kraus

DATE NOV

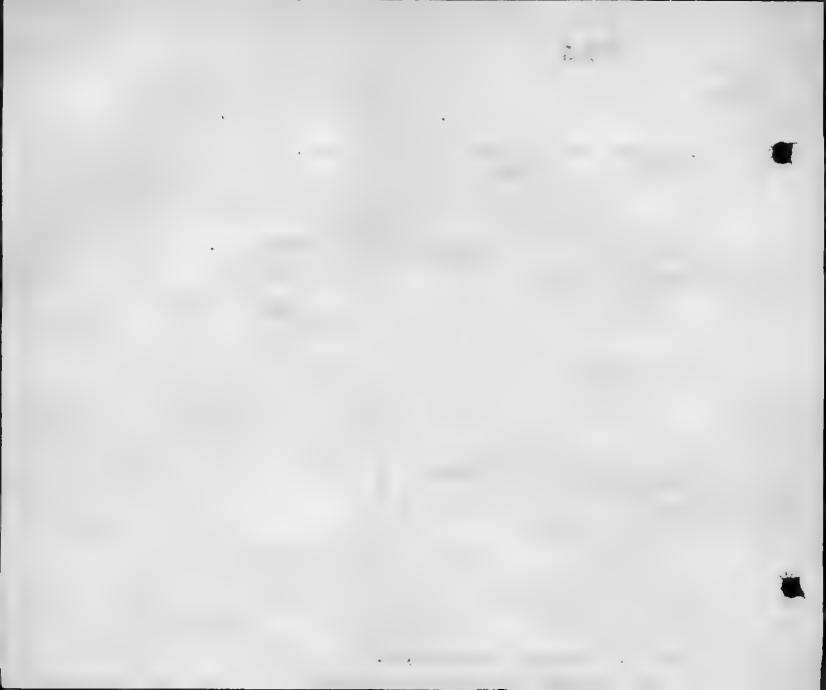
Suter - Rouzer Funeral Home

15M 9/60

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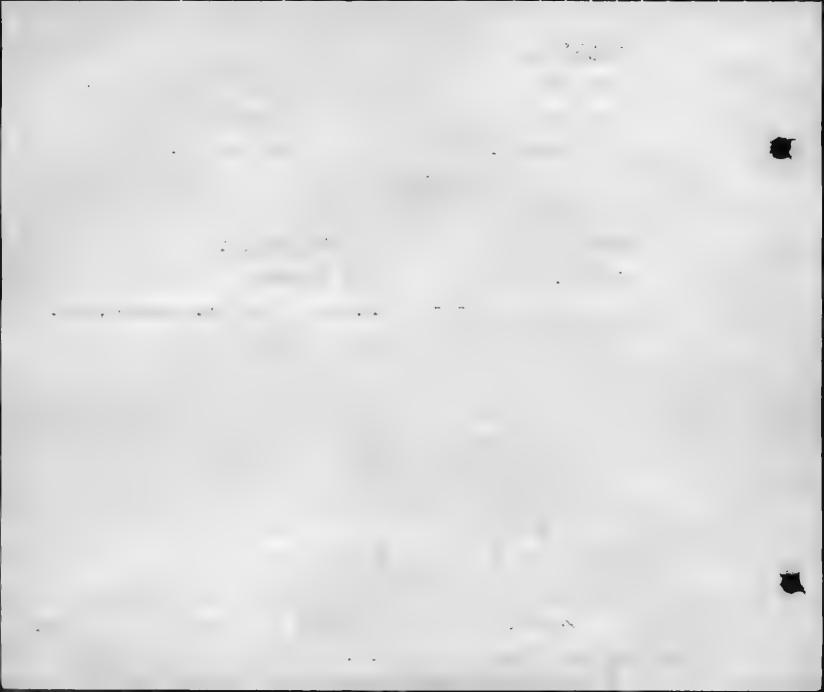
AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission 1. PLACE OF DEA a. COUNTY Washington Co. Allegany MARYLAND b. CITY OR TOWN (if outside corporate Limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RJRAL and give neerest town write RURAL and give nearest lown Cumberland. Md. Hagerstown Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TH 1816 Oldtown, Road HosLital State M ddle DECEASED Jones (Type or print) 19 6/ 9. AGE III YOURS HE UNDER YEAR I IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE B DALFOF BRIH 7. MARRIED 3 NEVER MARRIED [ lest birthday) Months DIVORCED WIDOWED December 10e. JSUAL OCCUPAT ON (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 B. THPLACE County & State, or fore on country? done during most of working life, even if retired) physicia USA <u>Cumberland</u> Md. Railroad Brakeman

13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please Then please Enma McKennev Trevor Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Oldtown Road physician. 2T4-07-4824 Nellie Jones I8I6 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), and (c) ) ONSET AND DEATH signed by I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate PERFORMED? 95 NO X use 20s. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) , 20e. PLACE OF INJURY (Home, ferm, (Stete) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, streat, office bldg., etc.) Not While Hour a.m. et work at work TOR: to Clark 5, 196/, that (i) (we) last 21. I certify that (I) (this-hospital) attended the deceased from 1120 19. In and that death occured at A.M., from the causes and on the date stated above. saw the deceased alive on... 22e SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. page FUNERAL 22d ADDRESS LA 22c. PHYSICIAN'S NAME (Type CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, 1 23b. REMOVAL (Specify) 0 Sunset Burial Park Cumberland. 256. REC'D BY REGISTRAR 256 REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) James F. Scarpelli Cumberland, Md. 15M 9/60 DATE



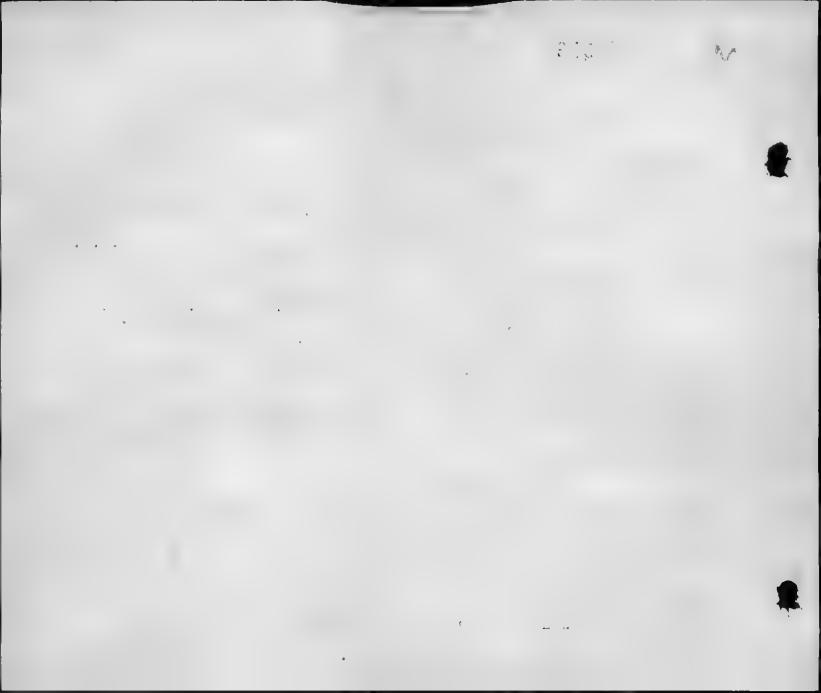
1	3	MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		CERTIFICATE OF DEATH
after sera	A	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
the fur	VI)	a. COUNTY  Washington  MARYLAND  b. CITY OR TOWN (if outside corporate   mits, c LENGTH OF STAY IN 1b  E. CITY OR TOWN (if outside corporate   limits, write RURAL and g ve nearest town)
24 l		write RURAL and give nearest town?   Hagerstown   Life   Hagerstown
hin ed ir afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS   6. IS RESIDENCE
Page Suno	192	510 Chestruit St.   510 Chestruit St.   YES   NO 10
efely pers. 2 hg		3. NAME OF first Middle Last 4. DATE Month Day Year DECEASED OF
mpl pag		(Type or print) Roy Clinton Karn DEATH October 15 1961
with w		5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
te b n an		Male   White   WIDOWED   DVORCED   March 23, 1881 80 yr.
ifica iciar nove		10a. USUAL OCCUPATION (Give x.ind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
h cert i phys ise ren in any		Carpetter Housing Burkittsville, Md. USA
diag pleas	(T)	William C.Karn Cora Whipp
he atten		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT / Address
he a		No 214-09-8524 C.R.Karn 214 Ridge Ave. Waynesboro, Penna. [18. CAUSE OF DEATH [Error only one cause per line for [a], (b), and (c).]
es III		ONSELAND DEATH
quir ysicol yed t pe		IMMEDIATE CAUSE (a) told for the formal framework of the contract of the contr
v re g pl sign ansi		DUE TO
ndin deen ial-tr		Conditions, if any, which (b)
The as b		(a), stating the underlying DUE TO
IN: or the the		PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
ipita infica e as		YES NO Z
PHYSI he hos nis cert for us th prio	63	20a. ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of item 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
er the	. /	
Aff letac		20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, Hour a.m. While Not While at work at work at work 19 at work 1
CEAN OR: De d		21. I certify that (I) (this hospital) attended the deceased from
PE CHE		saw the deceased alive on
OR nay Sho	7	22a. SIGNATURE 22b. DATE SIGNED STAFF 22b. DATE
7718	1	22c. PRYSICIAN'S 22d. ADDRESS 22d. ADDRESS
ERA Page with		122c. PHYSICIAN'S NAME (Type) THE WAT, TTO TO SECULTARIAN MEG
UNN)		230. BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF EMETERY OR CREMATORY   23d. LOCATION (City, Joyn or county) (Slate)
direction of the first of the f		Burial 10/19/61 Rest Haven Cemetery Hagerstown Md.
VR A15 (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE
15M 9/60		Rest Haven Funeral Chapel Hagerstown, Md. DATECT 18'61 Chilled & House
		Why G. Starot

I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after



**DIVISION OF STATISTICAL RESEARCH AND RECOR** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY WASHINGTON b. COUNTY ALLEGANY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Write RURAL and give neerest town!
HAGERSTOWN MIDLOTHIAN MOS. .5 7 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARMZ 3. NAME OF 4. DATE DECEASED OF B 6 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers IF UNDER 1 YEAR F UNDER 24 HRS. ast birthdey) WIDOWED [ p≣ysicia≡ 10e. USJAL OCCUPATION , G ve kind of work гетом 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. OWN HOME HOUSEWORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aHe∎ding JANET MORTON and JOHN WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unknown) | (If yes give wer or dates of service) MRS. VERA NAVE, 104 W. MAIN ST., FROSTBURG, MD. ž. 18. CAUSE OF DEATH [Enter only one cause pf line for (a), (b), and (c), ó ONSET AND DEATH physic MRE WEEK IMME ATE CAUSE (e) **DUE TO** right submaxi clary gland Conditions, if any, which geve rise to immediate cause DUE TO (e), staling the underlying has PART 11, OTHER'S GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY centificate PERFORMED? YES D NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of item 18.) 200, ACCIDENT WAS UNDERLYING L OR CONTRIBUTING [] CAUSE OF DEATH R; After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) 20c. TIME OF INJURY Month, Dev. Year (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work DIRECTOR: 1961, to 10-31- 196/that (1) (wa) last 21. I certify that (I) (this hospital) attended the deceased from. 5 and that death occured at 12.35%, from the causes and on the date stated above. plnous saw the deceased alive on.../D 19 6 DATE 22e. SIGNATURE DIRECTOR | PHYS. FUTERAL irector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME ITYPE 23a. BURIAL, CREMATION, 236 OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) \_(Specify) is di О F'BG. F 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNÉRAL DIRECTOR'S SIGNATURE VR A15 (4) FROSTBURG. 15M 9/60 arthur & Kraus

DEPARTMENT OF HEALTH



1 1		MARYLAND STAT	E DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE	I MARYLAND
. **	Andy.	11959 CERTIFIC	CATE OF DEATH	11945
NA	Š	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if ins	
ĮVI	1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF St. write RURAL and give neerest town)	YLAND Maryland	Montgomery
2	8/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp la , give street ad		o, IS RESIDENCE ON A FARM?
1		Washington County Hospital	9860 Main St.	Day Year
	/	(Type or print)  Lawson	Keller Octobe	r 17 1961
		6. COLOR OR RACE 7. MARRIED NEVER MARR	lest highday)	UNDERTYEAR IF UNDER 24 HRS. Months Days Hours Min.
			DE INDUSTRY 11. BIRTHPLACE (County & State, or fore an country)	12. CITIZEN OF WHAT COUNTRY!
		done during most of working life, even if refired)  Machinist  FATHER'S NAME	Maynesboro, Penna.  14 MOTHER'S MA DEN NAME	USA
		Lawson Keller 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY	NO 17 INFORMANT Sheeley (Not ce	rtain of spelling)
		Yes, no, or unkown) (flyesgive were release fservice) 175-03-2915	Mrs. Layson Keller 9860 Main S	t. Danascus, Md.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rdial Industion	ONSET AND DEATH
		157X DUE TO PLANT	Phase It	
		Conditions, if any, which governies to immediate couse (a), stating the underlying DUE TO	melastasis - Prott. He	nati penknown
		couse lest.  (c)  PART (I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVE	NIN PART (a) 19. WAS AUTOPSY
		PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEA		YES NO
در	-	20b. ACCIDENT WAS UNDERLYING _   20b. DESCRIBE HOW INJUR OR CONTRIBUTING _   CAUSE OF DEATH (If EITHER, MOTIFY MEDICAL EXAMINER)	Y OCCURED. (Enter natura of injury in Part I or Part I of item 18.)	
		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While of work at work	20e PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.)	(County) (State)
		21. I certify that (I) (this hospital) attended the decease	sed from 15 02 196.6 to 17 00	, 1964., that (I) (we) last
		saw the deceased alive on. 6.00.19.6.	and that death occured at	nd on the date stated above.
		220, SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	18026 GONED
		22c PHYS CTAN'S NAME (Type) Frank E Brown	back 22d ADDRESS west wo	shington, ST
		238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF REMOVAL (Specify)		or county (Stata)
		Surial 10/20/61 Rest 10/20/61 Rest 10/20/61 ADDRESS	lavem Cemetery   dagerstown	The state of the s
				Chur S. Frank
		Wille ( Hors	~	



TO HOSPIT A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 per death. Page 4	may be recorded by the haspital or attending physician.	ecror,	d with	(	N
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Jo .	8	E E	d 2 sh		Sara-Ji
24	_	Da	1 0	÷	
rithin	i i		Pages	the State Board of Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.	
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1, PLACE OF DEAT o. COUNTY	Washing to	n	MARYLAND	2. USUAL RESID o. STATE	Md.		If institution COUNTY	Residence bef		on)
b. CITY OR TOW Hagers	/N (if outside corporate lim ve neorest lown) : <b>TOWN</b>	its, write c. LENG	days	c. CITY OR TO	OWN (If outside o	corporate limit	s, write RURA	AL ond give no	earest town)	1
d. NAME OF HO	SPITAL (If not in hospital, on gton Count	y Hospit		d. STREET AL	DORESS	7			e. IS RESI ON A YES [	FARM?
3. NAME OF DECEASED (Type or print)	George	rst Th	Middle Reodore	Kendal	1 4. DA		Month	)	,	rear 19 <b>6 1</b>
s sex male	6 COLOR OR RACE W hite	7 MARRIED [*_^	DIVORCED	NOV. 9,		9 AGE  031 B		UNDER TYEA		R 24 HR
10a USJAL OCCUP during most of blacks	ATION (Give kind of work working life, even if retired in th	43	BUSINESS OR INDI	STRY 11 BIRTHPLA		-	Md.	12, CITIZEN C	OF WHAT CO	OUNTRY
13. FATHER'S NAME	William I.	Kendall		14. MOTHER'S	MAIDEN NAME	Susar	Brun	ner		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOI (If yes, give wor or dates of	annuan's		nformant Tason L.	Kenda:	ll, Ha	Address		Md.	
	DEATH [Enter only one of DEATH WAS CAUSED BY IMMEDIATE CAUSE [4]	.) Ce p	(b), and (c).]	mbosis				Ot	TERVAL BET	DEATH
Conditions, gove rise (	if any, which o immediate ting the under-	Gener.	clized A	rterios	olerosi	S			1.)	Ч
PART II.  200 ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT CON	NDITIONS CONTRIB.	ITING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DI	SEASE COND	TION GIVEN	IN PART 1(a)	19. WAS A PERFOR	RMED?
	T WAS UNDERLYING  TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURR	ED. (Enter noture of	injury in Port I o	r Port II of ite	em 18)			
Hour o.	MJURY Month, Doy, Yours, Mr. 19	While No	CCURRED 20e. P	LACE OF INJURY (Foctory, street, office	lome, form, 20f bldg., etc.)	(City or town	)	(Count)	()	(Stot
	that (I) (this haspita	. ' / _	deceased fram,		1. 1				te stated	abav
22o. SIGNATUI	has a	. /		M D PHYS	Z DIRECTO	STAF	f	7/27/	7 <u>1</u>	SIGNE
22c PHYSICIAI NAME (Ty		F ".e	3 11.D.	22d ADDRE	ss L <u>tlacker</u>	-p =				
230 BURIAL, CREM REMOVAL (Spe DUTIAL	AT ON, 23b. DATE THERE 10-23-		ame of cemetery of lty's Co	or crematory	23d L SJ	ocation (ci	ourg,	Md.	(State	e)
24. FUNERAL DIRECT	tor's SIGNATURE Minnich		oress Smithobus	rg. Md.	250 REC'D BY R			AR'S SIGNAT		
DOCOO I	· MITTITITY CIT	O DOLL & F	mr orreor	MIN INIU .	UMPHILL A	0.1	Linkhung	8. Hours		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF SEL SET HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY **b.** COUNTY shington
b city or town uf outside corporate limits, I aryl ma " shir ton MARYLAND c. LENGTH OF STAY IN 16 Ac. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown Boonsboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS shington County Hospital None 3. NAME OF 4. DATE DECEASED OF uid the executed within 24 flours after duath. If min pencil in Item 18, Give Pages 1, 2, and 3 to the Office along with form PM3, Page 5 may be refound-transit permit, file pages 1 and 2 with the county and in any exemit, the result and in any exemit. (Type or print) DEATHOCTOBER KEPLTUGER LODENA JEAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 19. AGE (In yeers IF UNDER I YEAR lest birthday) Months WIDOWED T DIVORCED T Femule 100. USUAL OCCUPATION (G.ve kind of work 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) dona during most of working life, even if retired) Infant ...., er town "ash Co La. Mone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CETI R. ELTICK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Javae C. Keplinger Office along with form burial-transit permit, File (Yes, no, or unkown) | (Ifyesgivewarordetasofsarvice) Joyce C. Kellinger 651 "est FranklinSt Hone 18. CAUSE OF DEATH (Enter only one causa par line for (a), (b), and (c), magerstown wa. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Of Vomitus DUE TO Conditions, if any, which (b) Congenital Heart Disease gava rise to immediate causa DUE TO (a), sleting the underlying execute the certificate, writing the word "pendin Id be forwarded to the Chief Medical Examiner' IERAL DIRECTOR: Page 3 should be used as cremation, or se lest.

(c) Passive Congestion Of Viscera

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 11.91 19, WAS AUTOPSY 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury In Pert I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c, TIME OF INJURY Month, Day, Year | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) factory, streat, offica bldg., atc.) While Not While prior 1 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🙀 Inspection [ Natural causes X , death resulted from: Accident . Suicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER | **ACTUAL** should be for FUNERAL I ASSISTANT MEDICAL EXAM.NER SIGNATURE 10-7-61 DEPUTY MED. CAL EXAMINER Dr. E. W. Ditto, Jr.

Addrass (Street, City, Town, or Country)

Addrass (Street, City, Town, or Country)

22d. LOCATION (City, Town, or Country) 228, BURIAL, CREMATION, 226, DATE THEREOF REMOVAL (Specify) Q40 p Durial Rose Cenetery Hereratorn i Try and 23. FUNERAL DIRECTOR VS. A15ME OCT 1 1 '61 (7-Thur & Kroug 5M 7/59 A. Coffien H. ergtorn

LEVIAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES TO NO

IF UNDER 24 HRS.

112, CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES Y NO

and in my opin.on

DATE SIGNED

Recent

Id fa

(County)



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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

LEGGE CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)
a COUNTY	* stateviluna Tushington
Toshington MARYLAND	
b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give neerest town)	c, CITY OR TOWN (If outside corporate imits, write RURAL end give neerest town)
Hagerstown 1 week	Hagerstown Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS La. IS RESIDENCE
	ON A FARM?
Washington County Hospital	1839 . Theshington St YES NO X
3. NAME OF First Middle	Last 1.4. DATE Month Day Year
(Type or print) COBA	VING DEATH Cotober : 10 81
CORU	1 10 00 DOI 30 17 OI
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    lest birthday)   Months   Days   Hours   Min.
Female white whowed A divorced	Apr 9 1895 63 yrs. Months Days Hours Min.
10a. USUA. OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUST	RY , 11. TELETHER ACH (Quanty Exists To foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if relied)	
liousewife from Home	Elue Bidge Sunhit U /
13. FATHER'S NAME	, 14. MOTHER'S MAIDEN NAME
John W. Smith	Hary Eliz (Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO., 17.	
(Yes, no. or unkown) (Ifyasg.vewarordetasofsarv.ce)	
No 312-14-7491 He	enry K. King 830 T. " shington t
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Inches town d interval serves
PART I DEATH WAS CAUSED BY:	ONSET AND DEATH
MMEDIATE CAUSE (a) Control	temorage Tuy! -
DUE TO	4-
Conditions, I any, which 's (b)	oneton 4 days
gave rise to immediate cause	
(a), stating the underlying DUE TO	
causa lasi, (c)	
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED?
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW NURY OCCURE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING ACUSE OF DEATH OF CONTRIBUTING ACUSE OF DEATH	YES NO Z
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OR CONTRIBUTING CAUSE OF DEATH	
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Hour s.m. While Not While st work	, stady office stage, steel
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22a SIGNATURE	226. DATE
A MILLA TO T	ATTENDING MED. STAFF SIGNED PHYS. SIGNED
22c. PHYSICIAN'S	122d, ADDRESS
NAME (Type)	
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1 - ATT E WALL 64 5	Hogenson my
238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town of county) (State)
REMOVAL (Spacify)	0 1 07 77 77 77 77 77
Luri 1 11/0/31 Huro main C	e etery Rousersville Francin John
REMOVAL (Spacify)	0 1 07 77 77 77 77 77



MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

PERFORMED?

NO IC

(Stete)

(State)



4 STREET, BALTIMORE 1, MARYLAND a Ū CERTIFICATE OF DEATH funemil PLACE OF DEATH USUAL RESIDENCE (Where deceased leved, # Institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY 72 hours after death. WASHINGTON MARVIAND 124 LAND WASHINGTON TOWN III outside corporate limits, write RURAL and give neerest town, b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) DONS BORD HREE MONTHS e. IS RESIDENCE ON A FARM? . HOSPITAL YES NO X 3. NAME OF DECEASED (Type or print) DEATH 19 6/ within OLTOBER -AGE (in years , IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday] physician and Months Days DIVORCED WIDOWED W 86 TEMALE WHITE I YES. 10b. KIND OF BUSINESS OR INDUSTRY | II. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) HOUSE WIFE MEAR CLEARS PRINC WASH, COIMD, U.S.A. please affending IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) ! (If yes give war or detes of service) NONE DOONSBORD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ent (c). INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a ACCIDENT WAS UNDERLYING [1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) DIRECTION After this c OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) factory, street, office bidg., etc.) While Not While Hour a.m. et work et work p. m. ... 1992 ... that (i) (we) last .....19.6.1., and that death occurred at 123R, from the causes and on the date stated above. 22b. DATE 22e S GNATURE ATTENDING SIGNED director, page be filed with the PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (TY) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) JORLA FUNERAL DIRECTOR'S SIGNATUR ADDRESS Cirilhun S. Marie JUONSBOR.



W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceesed avail, If Institution, Residence before edmission) b. COUNTY washington c. CITY OR TOWN If outs'de corporate limits, write RURAL and give nearest town) Hancock Maryland . IS RESIDENCE ON A FARM? YES NO X Month Year 19 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday] Months Days 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Corp. Allegany Maryland Rebecca J Nycum Lashley Hancock Md. ONSEL AND DEATH PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 199, WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part I) of item 18.) (County) (Stata) 201. (City or town) 19 20 to OC V. 4, 1921, that (1) (we) last and that death occurred a D. 3 M. Alrom the causes and on the date stated above. 22b. DATE SIGNED STAFF PHYS. 23d, LOCATION (City, town or county) Fulton County 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE O 20 DATE OCT 1 0 '61



e. IS RESIDENCE

YES NO X

19 67

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

mi

PERFORMED? NO A

(Steta)

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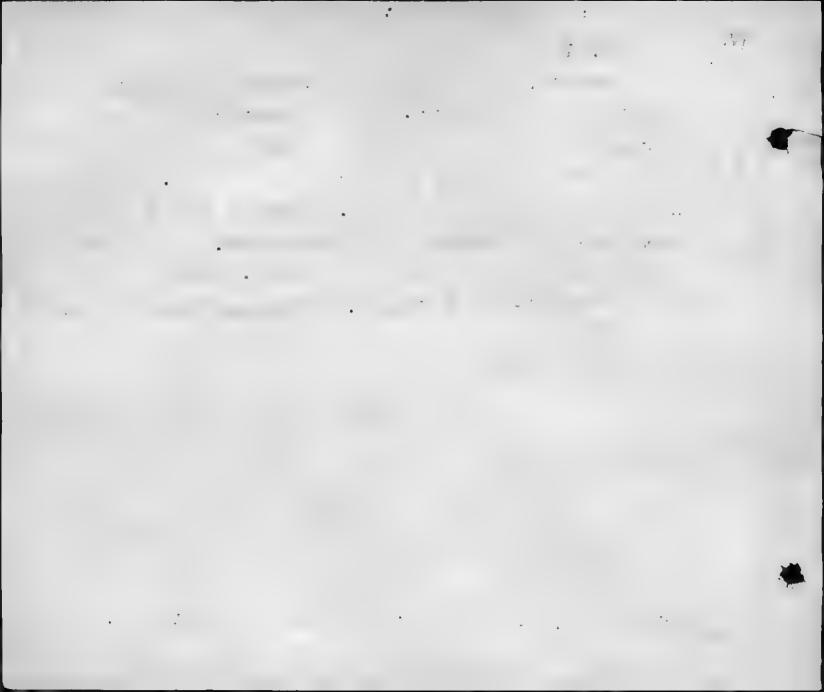
25b. REGISTRAR'S SIGNATURE

ON A FARM?

death. Page T

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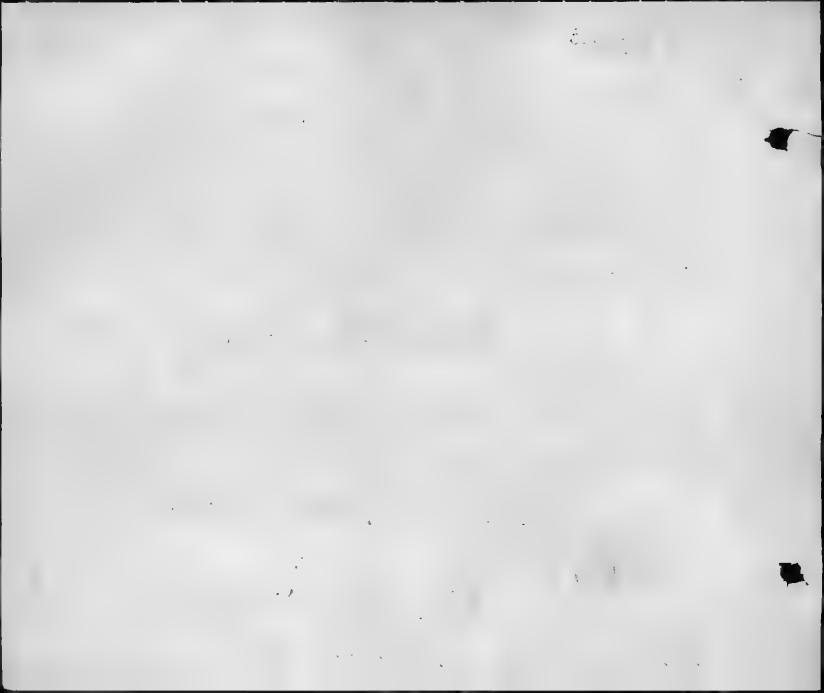
24 FUNERAL DIRECTOR'S SIGNATURE



## MARYLAND STATE DEPARTMENT OF HEALTH

MINTEL INC	THE STATE BELWKIME	HAT OL HEWELLI	
DIVISION OF STATISTICAL RESEARC	H AND RECORDS, 301 W. P	RESTON STREET, BALTIMO	RE 1, MARYLAND
11967	CERTIFICATE OF D	EATH	11953

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D. C. TY OF DOWN III OLD GO OF DATE   ITEMS   DOWN III OLD STATE   THE STANK		1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where decesed lived, if institution; Residence before edmission)
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SOUND SOO DE TO THE STRUCTURE OF INSTRUCTION If not in brougheld, your street address)  A NAME OF ONOTHIN OR INSTRUCTION If not in brougheld, your street address)  FAHRWEY   FEFDY MFM, HOME  J. NAME OF DECEASED  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), (b), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), no yet)  TO J. NAME OF DEATH [Inter only one count perform for (a), no yet)  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH [Inter only one county]  TO J. NAME OF DEATH			b. C TY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16	
E. MANGE OF HOSTITAL OR INSTITUTION (are no in hospital, gives treat address)  A. STREET ADDRESS  B. AMAGE OF HOSTITAL OR INSTITUTION (CONTRIBUTING TO DEATH BUT NOT REATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 160)  J. STR.  B. DATE  OP AGE (in year) If UNDER 174A IF UNDER 174B IF UNDE		V	Ab The u.	1 5
FAHRUET   PERENT MEM. HOME   Last DATE   DOATE   DOATE		U		, No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3. MAME OF BECEASED (Type or print)  DEATH O 19 Year DECEASED (Type or print)  DEATH O 19 Year DECEASED (Type or print)  S. SEX 6 CO.OR OR RACE (7, MARRIED (1) S. DATE OF BETH PO 19 Year DEATH	÷	200	a. NAME OF HOSTING OR INSTITUTION (II FOI IF HOSPITE), give since address/	ON A FARM?
DECRASED (Type opinion)  5. STA  6. CO.OR. OR RACE 7. MARRIED   NEVER MARRIED   DIVORCED   S. DATLOF BIRTH  100. USUAL OCCUPATION (Give kind of work  done during most of vorking life, even if raised)  101. KEND OF SUSINESS OR INDUSTRY  113. TATHER'S NAME  104. MOTHER'S MADEL  105. WAS DECRASED EVER IN U.S. ARMED FORCEST  106. NO DIVETO  107. ACCUPATION (Give kind of work  108. WAS DECRASED EVER IN U.S. ARMED FORCEST  109. ACCUPATION (Give kind of work  109. KEND OF SUSINESS OR INDUSTRY  113. TATHER'S NAME  114. MOTHER'S MADEL NAME  115. WAS DECRASED EVER IN U.S. ARMED FORCEST  116. SOCIAL SECURITY NO.  117. INFORMANT  118. WAS DECRASED EVER IN U.S. ARMED FORCEST  119. CAUSE OF DEATHE (Enter only one course beginne for (e), (b), anglo).  119. CAUSE OF DEATHE (Enter only one course beginne for (e), (b), anglo).  110. CONTRIBUTING   CAUSE OF DEATH  110. DUBLE TO  111. COMBINESS (A)  111. COMBINESS (A)  111. COMBINESS (A)  112. COMBINESS (A)  113. WAS DECRASED EVER IN U.S. ARMED FORCEST  114. A RETURN A Address  115. WAS DECRASED EVER IN U.S. ARMED FORCEST  116. SOCIAL SECURITY NO.  117. INFORMANT  118. WAS DECRASED EVER IN U.S. ARMED FORCEST  119. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  119. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  110. CONTRIBUTING   CAUSE OF DEATH  110. COMBINESS (A)  111. COMBINESS (A)  112. COMBINESS (A)  113. COMBINESS (A)  114. COMBINESS (A)  115. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  118. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  119. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  119. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  119. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  119. CAUSE OF DEATH (Enter only one course beginne for (e), (b), anglo).  119. CAUSE OF DEATH (Enter only one course beginne for (e),		1	AHRURY HERRY MEM, HOME	III EAST A ST. YES NO I
19   19   19   19   19   19   19   19				
3. SEX  6 CO.OR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH  9. BAG (In years the Under YEAR IF UNDER 24   Nounts   N			(Type or print) EMMA CECELIA	
DIVORCED DIV		5.		
10s. USUAL OCCUPATION (GIVe lind of work done)  10s. WAS DEFECTED BY MARCH IT SITES OF THE SUSPENSE OR INDUSTRY 11. BETHER ACE (County & Sinte or flore on country)  11s. MARCH REF SHAME  11s. MARTHER'S NAME  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT  12s. CALUER OF DEATH 1 SOCIAL SECURITY OF U.S. ARMED FORCES IN U.S. ARMED FORCES		,		.5 / a / a a last biringay) Months! Days   Hours   Min.
CLEAR   SAIL ROAD   BERRIES   W.UA			The state of the s	
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MARCHAR   16. SOCIAL SECURITY NO. 17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one ceuse based services]   16. SOCIAL SECURITY NO. 17. INFORMANT   18. CAUSE OF DEATH [Enter only one ceuse based services]   18. CAUSE OF DEATH [Enter only one ceuse based services]   18. CAUSE OF DEATH WAS CAUSED BY.   18. CAUSE OF DEATH (b), any (c), part is to immediate cause (e), stelling the underlying ceuse lest.   19. Contributing   19. WAS AUTO PERFORMING course lest.   19. WAS AUTO PERFORMING CONTRIBUTING   19. WAS AUTO PERFORMING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRI			na during most of working life, even if retired)	
TOTTO THOM AS MARTIN MARGARRET CECALIA CON WAY  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one course payfine for (e), (b), any (c).  PART I. DEATH WAS CAUSED BY MARE (also by Margare the longer of the course of the payer in the course (e), staling the underlying (c).  PART II. OTHER SIGNIFICANT COMDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO COURSE BY C				
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15. WAS DECEASED EVER IN U.S. ARMED FORCES 15 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one course populars for (e), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate cause [e], stelling the underlying  Course lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART I. DEATH WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTO  PART II. OTHER SIGNIFICANT CAUSE OF DEATH  PART II. OTHER SIGNIFICANT CAUSE OF DEATH  PART I. DEATH MAD CAUSE OF DEATH  PART II. OTHER SIGNIFICANT CAUSE O		(	JOHN THOMAS MARTIN	MARGARET CECELIA CONWAY
18. CAUSE OF DEATH [Enier only one ceuse partine for (e), (b), any (c).  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate cause (e), shaling the underlying ceuse lest.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTO PERFORMING COURSE lest.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTO PERFORMING COURSE lest.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTO PERFORMING COUNTRIBUTING COURSE PERFORMING COUNTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTO PERFORMING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTO PERFORMING COUNTRIBUTING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTO PERFORMING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ite). 19. WAS AUTO PERFORMING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITE). 19. WAS AUTO PERFORMING COUNTRIBUTION OF COUNTRY COUNTRIBUTION OF COUNTRIBUT	/		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT Address
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Conditions, if any, which gave rise to immediate cause (e), stelling the underlying course lest.  (c)			IMMEDIATE CAUSE (6)	allusoleron 490
Conditions, if any, which gave rise to immediate cause (e), stelling the underlying course lest.  (c)			450 A DUETO	
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PART II. OTHER SIGNIFICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOFERDOMY  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.)  20e. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of Item 18.)  20e. PLACE OF INJURY (Home, Isrm., 20f. (City or town)   (County)   (Stall instance)   (Stall instance)   (County)   (Stall instance)   (City or town)   (County)   (Stall instance)   (County)   (Stall instance)   (City or town)   (County)   (Stall instance)   (City or town)   (City or town)   (County)   (Stall instance)   (City or town)   (Cit			DIE TO	
20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Part I or Part I of Item 18.)  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Part I or Part I of Item 18.)  20e. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURED. (Enfor nature of injury in Part I or Part I of Item 18.)  20e. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURED. (Enfor nature of injury in Part I or Part I of Item 18.)  20e. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURED. (Enfor nature of injury in Part I or Part I of Item 18.)  20e. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURED. (Enfor nature of injury in Part I or Part I of Item 18.)  20e. PLACE OF INJURY (Home, farm, 20d. (City or town)   (County) (State I is Item 18.)  20e. PLACE OF INJURY (Home, farm, 20d. (City or town)   (County) (State I is Item 18.)  21. I certify that (I) (this hospital) attended the deceased from. (II) (I) (we saw the deceased alive on.)  22e. SIGNATURE   ADDRESS   ATTENDING   MED. SIAFF   22b. Date Thereof   22d. ADDRESS   ADDRESS   22d. ADDRESS   2				
20e. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW IN, CRY OCCURED. (Enter neture of in, ury in Pert I or Pert I of Item 18.)  20c. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   (Stell Hour e.m. p.m. 19   at work   22e. SIGNATURE  22e. SIGNATURE  22e. SIGNATURE  22e. PHYSICIAN'S   NAME (Type)   CAUSE OF DEATH   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   (Stell Hour e.m. p.m. 19   10   10   10   10   10   10   10		2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
20e. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW IN, CRY OCCURED. (Enter neture of in, ury in Pert I or Pert I of Item 18.)  20c. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town)   (Stell Hour e.m. p.m. 19   at work   22e. SIGNATURE  22e. SIGNATURE  22e. SIGNATURE  22e. PHYSICIAN'S   NAME (Type)   CAUSE OF DEATH   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   (Stell Hour e.m. p.m. 19   10   10   10   10   10   10   10		ĬΨ		
DR CONTRIBUTING CAUSE OF DEATH		65.	206. ACCIDENT WAS UNDERLYING IT I 206. DESCRIBE HOW INJURY OCCURED	Enter nature of injury in Pert I or Pert J. of Item 18.)
20c. TIME OF INJURY Month, Day, Year Hour e.m. While at work 19 Not While at work 19 Indicatory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 Indicatory, street, office bldg., etc.)  22. SIGNATURE  23. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (C. IV., Iown or county)  15. SIGNATURE  24. SIGNATURE  25b. REGISTRAR'S SIGNATURE		ERT	OR CONTRIBUTING CAUSE OF DEATH	
21. I certify that (I) (this hospital) attended the deceased from 1901, and that death occurred at 130 M, from the causes and on the date stated at 22e. SIGNATURE  22e. SIGNATURE  ATTENDING MED. STAFF PHYS. DRECTOR PHYS. DRECTOR PHYS. DRECTOR PHYS. SI DRECTOR PHYS. DRECTOR PHYS. SI DRECTOR PHYS. DRECTOR PHYS. DRECTOR PHYS. SI DRECTOR PHYS. DRECTOR PHYS. SIGNATURE  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (C by, town or county) SALTY MARKS  24 SURFAL STRECTOR'S SURNATURE ADDRESS, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				ACF OF INJURY (Home, farm. 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from 1901, and that death occurred at 130 M, from the causes and on the date stated at 22e. SIGNATURE  22e. SIGNATURE  ATTENDING MED. STAFF PHYS. DRECTOR PHYS. DRECTOR PHYS. DRECTOR PHYS. SI DRECTOR PHYS. DRECTOR PHYS. SI DRECTOR PHYS. DRECTOR PHYS. DRECTOR PHYS. SI DRECTOR PHYS. DRECTOR PHYS. SIGNATURE  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (C by, town or county) SALTY MARKS  24 SURFAL STRECTOR'S SURNATURE ADDRESS, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		olc.		
saw the deceased alive on 2		WE.	at month at month	
saw the deceased alive on the date stated at 22e. SIGNATURE  22e. SIGNATURE  22e. SIGNATURE  ATTENDING  MED.  ATTENDING  PHYS.  DRECTOR  PHYS.  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (C. IV. town or county)  SIMONAL (Specify)  10-23-61  SAINT MARK  25b. REGISTRAR'S SIGNATURE  ADDRESS  25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			21. I certify that (I) (this hospital) attended the deceased from.	NOAT 19 6 10 000 10 1961, that (1) (we) last
226. SIGNATURE  ATTENDING MED. PHYS. DRECTOR			D - 161	At a Character of the Control of the
ATTENDING MED. STAFF D RECTOR PHYS. C. D RECTOR				22b. DATE
22c. PHYSICIAN'S A W. L. UAN  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. IQCATION (C iy, iown or county)  238. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. IQCATION (C iy, iown or county)  23d. IQCATION (C iy, iown or county)  24 EVALUATION (Sepairy)  24 EVALUATION (C iy, iown or county)  24 EVALUATION (C iy, iown or county)  25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			6/1/14/11/21/2	ATTENDING MED. STAFF SIGNED
NAME (Type) G. W. L. Q. M. M. Q. CEMETERY OR CREMATORY  238. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (C. iv., lown or county)  23d. LOCATION (C. iv., lown or county)  4. State  23d. LOCATION (C. iv., lown or county)  24 EVALUATION (C. iv., lown or county)  24 EVALUATION (C. iv., lown or county)  25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)  SAINT MARKS  25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				22d. ADDRESS 920
SUNTAL SOSINI 10-23-61 SAINT MARKS  PETERS VILLE NA  24 EVANTAL STREETING SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE			G. WIKEDAN _	100000000 11961
		238	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (C ty, town or county) (State)
	1	1	30187 A 9 10-23-61 SAINT MA	TRKS PETERSVILLE MI
		2	THE TALL THE CHANGE CHANGE THE	25- REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE
101 MI JULO . UKVINSVICK, MAKI ZAMA DATEDU 26 01 Chiland S. Mana	3	24	Brownie Manny	
		10	of hu Tille . OKVINSWICK, IN AKY	DATE CLASSIC 26 01 Chilling S. Mante



in the funeral director, and 2 should be filed with

fter death. Page 4

ATTINDINE ENYSICIAN: The law requires But the death certificate be executed within 24 haurs 9

TO HOSPITAL

VR A15 (4) 1SM 9/59

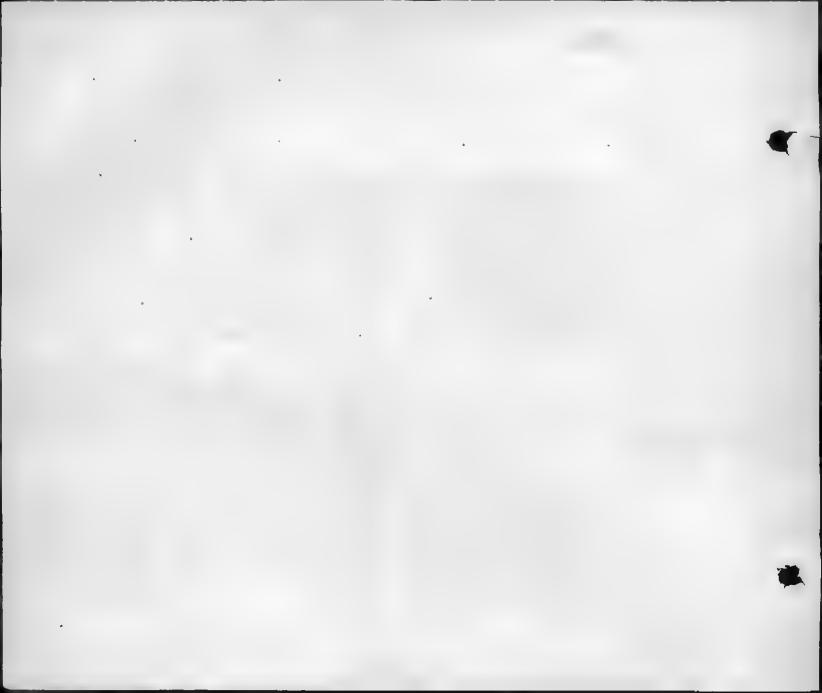
may be referred by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs of percent.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4 2 /5 /2 5

	41	808		CEKIII	ICA		OF DEA	HI					- 1 "	39	4
1	PLACE OF DEATH G. COUNTY	Vashingt	on	MARY	'LAND	2 4	JSUAL RESIDEN 5. STATE	MG.	nere deceosed	l lived, If in b. CO			ash.	e admiss	ion)
	b CITY OR TOWN (I RURAL and give no Hager:		ts, write	c LENGTH OF STAY	IN 1b	Ó	Hage:			role limits, w	rite RUF	RAL and	give neo	rest lawr	1)
	OR INSTITUTION	At (If not in hospital, g Church St		address) Xtd.		1	STREET ADDR		Ch re	h St.,	ex	tđ.	1		FARM?
3.	NAME OF DECEASED (Type or print)	Fir Harr		Middle Edward		Maj	yhugh		4. DATE OF DEATH		Manth 10		26	,	Yeor 1961
5	male	6 COLOR OR RACE White	7 MARI WIDOW	RIED NEVER MARRI	🗀 📗		TE OF BIRTH	016		9 AGE (In ) last births 4.5		F UNDER	Days Days	Hours	R 24 HRS Min,
100	during most of warf	ON (Give kind of work of king life, even if retired)	done 10b.	Fairchilds		TRY			ar fareign co COVII	Md.			izen of USA	WHATC	OUNTRY
13	FATHER'S NAME Char	les Clayton	May	hugh		114.	MOTHER'S MA		urray						
15.	WAS DECEASED EVE	R IN U. S ARMED FOR (If yes, give war or delet of s	ervice)	SOCIAL SECURITY NO			Mayhug	h	Hage	rstown	Addres				
		ny, which (b	, (	ng for (a), (b), and (c).	07	74	a of	b-l	add	ev_				RVAL BE ET AND	
TIFICATION		HER SIGNIFICANT CON		CRIBE HOW INJURY O								N IN PAI	₹1(o) 11	PERFO	AUTOPSY PRMED? NO [
MEDICAL CERTI		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Yee		NJURY OCCURRED  Nat_white	20e. PLA	CE C	OF INJURY (Hom street, affice blo	e, farm	, 20f (City			{	Caunty)		(Stote
	21 I certify that saw the decease 220 S.GNATURE 220 PHYSICIALYS	it (1) (this hospital	6 ru	\	that de	A D	ATTENDING PHYS  22d. ADDRESS		M, fram	the cause	s and			stated	we) las l obave b DATE SIGNED
234	NAME (Type)  BURIAL CREMATIO REMOVAL (Specify)	JOSEPH	- C.	CRISP 23c NAME OF CEM		R CRE	MATORY	50		SZ.		county)	rof	(State	,
24	FUNERAL DIRECTOR	10-29-61 s signature	rici.	Coautifu		.ew	250	RECT	Sta D BY REGIST T 3 1 '61	RAR 25b.	REGIST		GNATUI	RE	



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUR STATE	11969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11955
BENLIH DEPI.	1. PLACE OF DEATH  e. COUNTY  e. STATE  b. COUNTY  f. b. COUNTY  f. c. STATE  b. COUNTY  f. c. STATE  f. c. COUNTY  f. c. C. COUNTY  f. c. COUNTY  f. c. COUNTY  f. c. COUNTY  f.
Fr. Pag	b. CITY OR TOWN (if outs de corporete lim is.  L. LENGTH OF STAY, N. 16  C. CITY OR TOWN (if outs de corporete lim is.  C. CITY OR TOWN (if outs de corporete lim is.)
M Fe St	write RURAL end give neerest town)  Mangansville  5 mo.  York
Boar	d NAME OF HOSPITAL OR INSTITUT ON (If not in hospitel, give street eddress)  d. STREET ADDRESS  e. 18 RESIDENCE
State of the state	Main St. R#4 Hagerstown  S14 E. Philadelphia St.  NAME OF First Middle Last 4 DATE Month Dev Year
the er d	(Type or print) Daniel Granklin McKinley DEATH Oct. 28 1961
death	5. SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years   IF JINDER 1 YEAR   IF UNDER 24 HRS.
sffer 2, and 5 md 2 hou	Male   White   W.DOWED   DIVORCED   96.14, 1867   94 yrs.   100. USUAL OCCUPATION (GIVE kind of work   100. K.ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or fore an country)   12. CHIZEN OF WHAT COUNTRY!
Page 1, Page 1s 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a	done during most of working life, even if retired)  Blacksmith  Burniture  Jolna, York Co. Penna.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
PM3.	
FORE I	Daniel McKinley  15. WAS DECEASED EVER. N. U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT  (Yes, no, or unkown) (Ifyesgivewerordetesofservice)  Address Hagerstown, Md.
em 18 with t	No 199-07-7302 Mr. Harvey M. Muller III W. Washington St.
in the property of the day	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
Sencil	Recent Disease - Recent
Offin Dould	Conditions, if eny, which (b) Senility
alk si iner's iner's or re	(e), steting the underlying DJE TO
Exami Exami Used Fion,	
his c	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED?  1 YES NO F  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF PORT I. of item 18 ) PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.
FR: 7	
Chief age 3	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (C by or fown) (County) (Slete)  Hour e.m. While Not While fectory, street, office bldg., etc.]
cate, 1 the to the DR: P prior	21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry  , and in my opinion
民間の日本 シ	death resulted from: / Natural causes 🔀. Accident 🗍. Suicide 🗍. Homicide 🗍. Undetermined manner
MEDIC forwarde L DIRE	ACTUAL 15 THE PREDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
Scute be to graft gnate	DEPUTY MEDICAL EXAMINER
ease execute should be to PUNERAL its designate	NAME (Type) Dr. E. W. Ditto, Jr.  Address (Street, city, town, or county)  Address (Street, city, town, or county)  22c. BURIAL, CREMATION (22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22c. TOCATION (City, town, or country)  (Siete)
please A shou or its	REMOVAL (Specify)
VS. AISME	23. FUNERAL D.RECTOR ADDRESS 24e. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	Rest Haven Funeral Chapel Hagerstown, Md. DATE OCT 3 0'61 Chilly & Human
	Why a. Horot

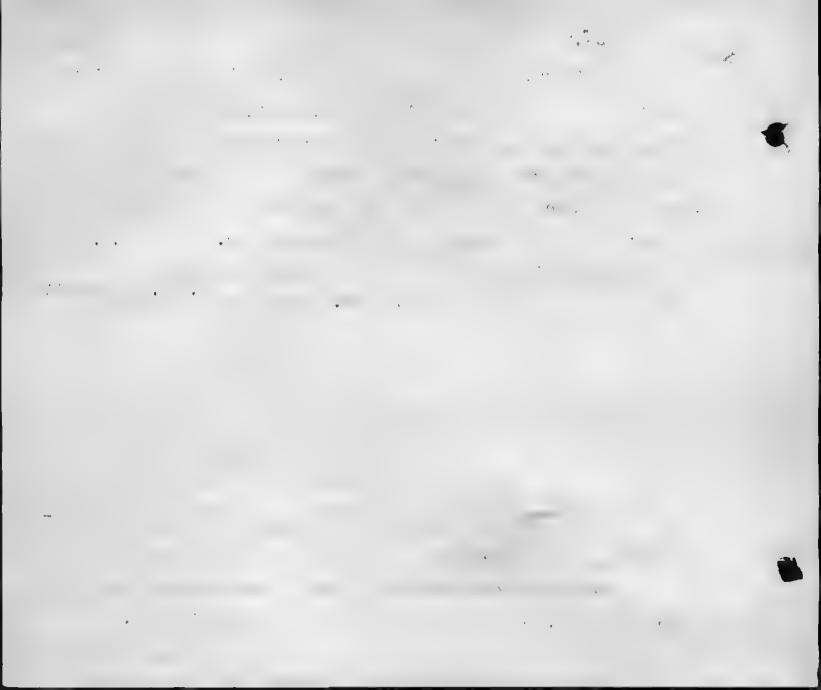
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RYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) e. COUNTY Maryland b. COUNTY Washington Washington by the fand 2 s death. MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 g. C.TY OR TOWN [If outside corporate l'm'ts, write RURAL and give nearest town] Hagers town month Maugansville hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, "d. STREET ADDRESS a. IS RESIDENCE Maryland State Hospital North Street Western YES NO IX 3. NAME OF 7 DECEASED (Type or print) WILLIAM DEATH 1961 6. COLOR OR RACE 17, MARRIED X NEVER MARRIED 9. AGE (In yeers FUNDER 1 YEAR) IF UNDER 24 HRS. last birthdayl Male WIDOWED [ physician 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 & THPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farm Labor Hownsville Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p Christian Metz Prudence (Unknown) and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOC AL SECURITY NO. 17. INFORMANT N. AdSt. Maugansville moval, (Yes no, or unkown) (Ifyesg vewerordetesofservice) Mrs. Gladys Metz No Maryland 94 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), end (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO PYELONEPHRITIS geve rise to immediate cause **DUE TO** (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY the hospital EKTROPHY-CHRONIC RHEUMATIC HEART DISEA CERTIFICAT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of frem 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year 1 20d. INJURY OCCURRED (County) (Stete) tectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 1961, to 10-6- 1961 that (1) (ma) last 21. I certify that (I) (this decembed) attended the deceased from 5.7 saw the deceased alive on.... 1961, and that death occured at J.A.M., from the causes and on the date stated above. 22e. SIGNATUR ATTENDING **SIGNED** DIRECTOR PHYS. FUNERAL 1 rector, page 3 filed with the 22c. PHYSICIAN'S 22d. ADDRESS 10 U. PALLAGROST death.
O FUN
director 23c. NAME OF CEMETERY OR CREMATORY 23e, BURIAL, CREMATION, 23b. Bakersville Cemetery REMOVAL (Specify) 8-61 25e, REC D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) allen S. House 15M 9/60



# 12.1

TO HOW USE 4 may be retained by the hospital or attending physician.

So dead way be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compositely be for in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit.

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Res dence before and

		PLACE OF DEATH			E (Where decessed lived, If institutio	ns Res dence before edmission)
)	<u>'</u>	. COUNTY Washington	WARVLAND	e. STATE Mar	vland b. COUNTY	Washington
		b. CITY OR TOWN (if outside corporete limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporete Limits, write RURAL	end give neerest town)
		write RURAL and give nearest town)	Tafo	03 Hag	erstown	
1	_	Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	lal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
		Washington County Hospi		/ 473 N. Po	tomac Street	YES NO
	3,	NAME OF First	Middle	Lesi	4. DATE Month OF	Day Yeer
		(Type or print) MATHIAS	PETER N	OLLER JR	DEATH October	20 19 61
Н	5.	SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (In yeers   IF UNDE	
/		Male White WIDOWED	DIVORCED [ ]	lay 8, 1902	last birthdey) Months	Days Hours Min.
	10a		D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County	y & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
		Dan a \$ 3 a a 4	e Organ nufacture	Hage rstown	Maryland	U.S.A.
		W-111 D W 22	C			
	15.	Mathias P. Moller, WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SC	OCIAL SECURITY NO. 17. II	JULIA M	Greenlund	_
	(Ye	s, no, or unkown) ((lyesgivewerordatesofservice)			er Hagerstown, M	ia
	ĵ	18. CAUSE OF DEATH [Enter only one couse per line		2 TITION AND I	or secondound	I INTERVAL BETWEEN
		DARK DEATH MAN CALIFFE DA	4	111111	. 1	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	ntriculev	tibrill.	etion	I don't I
		DUE TO		11	4 1	20
		Conditions, if any, which (b)	PE NWELT TO	HERRY	Disector	39 75
		(e), stelling the underlying DUE TO				
		ceuse lest (c)			was and	we were an an
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	al disease condition given in Pi	ART 1(a) 19. WAS AUTOPSY PERFORMED?
, ,	CAT	Arterioscleret	ic Hear	t Diseas	Q	YES NO
1	CERTIFICATION	200 ACCIDENT WAS UNDERLYING [] 200. DESCRIPTION OF CONTRIBUTING [] CAUSE OF DEATH	RIBE HOW INJURY OCCURED.	(Enter nature of injury in P.	art I or Pert II of Ifem 18.)	
	- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL		JURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town)	County) (State)
	MEDI	Hour a.m. While et work	Not While tack	ory, street, office bidg., etc.;		
		21. I certify that (I) (this hospital), attended	ed the deceased from	Dec 24 1	953 100 0 + 20	19 £.L. that (1) (we) last
		saw the deceased alive on				
		226. SIGNATURE				22b, DATE
		March C 1/1	1 M	01/1/6	ED. STAFF RECTOR PHYS.	SIGNED SIGNED
		22c. PHYSIC, AN'S	<u> </u>	22d. ADDRESS		
}		NAME (TOPO) LIOY & AV. HB	FFmer	2/4 N.	Potomec St. 4	egers-tounimil
1	23e		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, Jown or co	univ) (Stele)
2		REMOVAL (Specify) Burfal 10/28/1961	Rese Hill Ce	metery	Hagerstown,	Maryland
	24	MALER AL DIRECT BRIC CICALATURE	LDDDEEC	25, 050	D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
	5	Suter - Rouzer Funeral Home	Hagerstown,	Md. DATE O	CT 26 '61 Chilling	S. Krue
		1 Jan 18 18 18 18 18 18 18 18 18 18 18 18 18		<u> </u>		

\* T . KII ( .. 0 .

## MARYLAND STATE DEPARTMENT OF HEALTH

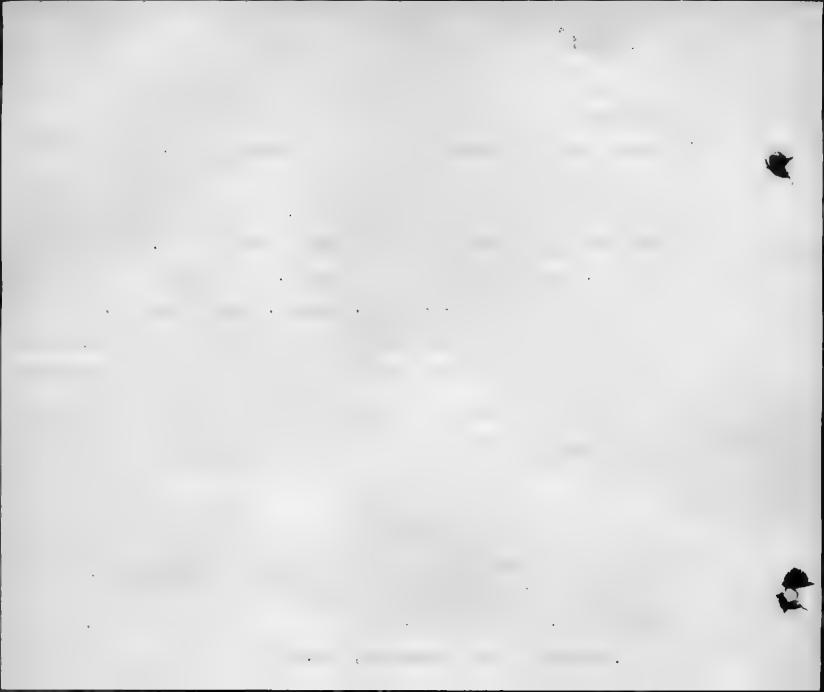
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
11958 11079

$\mathcal{I}$	1. PLACE OF DEATH		2. USUAL RESIDENCE [Where	Jackson I and Harts dee Back	Zantana administra
ᆀ	a. COUNTY		a. STATE	b. COUNTY	sence perore admission)
/	We shington	MARYLAND	Parviona	shington	<b>√</b>
	b. CITY OR TOWN (if outside corporate limits.	c LENGTH OF STAY .N 1b		orporate limits, write RURAL and giv	ve neerast town.
	write RURAL and give neerest town)		1	,	
	132 town	, 8 Hrs	l' l'anatorr	n Greenberry	Lills)
	d. NAME OF HOSPITAL OR INSTITUTION (IF 1	of in hospitel, give street eddress	d STREET ADDRESS		1 *. IS RESIDENCE
1	"ashington 'ounty	Hespital	1738 Tilberl		ON A FARM?
H	<del></del>	-	1		YES NO X
ч	3. NAME OF Frst	Midd e	Lest 4. DATI	E Month Da	ву Үөвг
	(Type or print) LUCIE	PATRICIA !	OOR DEAT	rH∩otober 4	19 čl
		H W C SC D C SC S			R I IF UNDER 24 HRS.
	o. colon on the colon	WARRIED WEVER WARRIED	DAIL OF BIRTH	ast birthdey   Months   Deys	
	Femile   Thite   v	VIDOWED DIVORCED .	June 27 1958	3 yrs.	
	10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State	padogram country)   12 C.TIZEN	OF WHAT COUNTRY!
	done during most of working life, even if refired)	None	a B a	TICA	
	one	1,0116	Coos E.y Coos	, 00	_
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	"illi a. G. 1.00:	re	Gertrude S.	Schennert	
	15. WAS DECEASED EVER IN U.S. ARMED FORCE			Address	_
4	(Yes, no, or unkown)   (Ifyesgive werordelesofsarv	ice)	MICKINAL	V001872	
	_ No	None "i	l'in G. Loore	1728 Timberl	ne
	18 CAUSE OF DEATH [Enter only one ce	use per line for (el, (b), and (c) ;	. Has		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Makin time 0	Was tu.		ONSET AND DEATH
	IMMEDIATE CAUSE (e)	conference of	oneces	F	, –
	4 10.0 DUE TO A	melling the	0 10		211.0
	Conditions, if any, which \( \) (b)	Menery tes - 14	mopleglis Inefle	urrae	2 1200ys
	geve rise to immediate cause	X	11 1	0 -	7
	(a), steting the underlying DUE TO	O .	. 0		
	ceusa last. (c)	-			
	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITION				YES NO IN
		Ob. DESCRIBE HOW INJURY OCCURED	(Enter nature of unitary in Part I or Par	et II of itam IR 1	
	OR CONTRIBUTING CAUSE OF DEATH .	JB. DESCRIBE HOW HOOK! OCCURE	, (Emer nation of many in rest 1 of res	i ii or rom is.,	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Yeer		ACE OF INJURY (Home, farm, 20f. (c	City or town) (County)	(Stete)
	Hour a.m.	While Not While fee	tory, street, office bldg., etc.)		
	₹ p.m. 19	at work	15/5/6/	121 11	
	21. I certify that (I) (this bespital)	7 1			, that (I) ( <del>we)</del> last
	saw the deceased alive on.	196/ and that	death occured 71.7.7.M. fro	om the causes and on the	date stated above.
	220. SIGNATURE				22b, DATE
	11.11.1700	BIL -	ATTENDING MED.	STAFF C	SIGNED
1	Di Ili Jan	N. N.	I.D. PHYS. DIRECTOR		an-correct
	22c. PHYS/CIAN'S NAME (Type)	2	22d. ADDRESS / 0 /	Kingot	100/
	H.111. J	Jacon dr.	Har	ers toown	1 ///
	238. BURIAL, CREMATION, 236. DATE THEREC	F 123c, NAME OF CEMETERY	OR CREMATORY 1234	OCATION (City, town or county)	(State)
	REMOVAL (Specify)		**	C 7/1 / dr p / 327	~ 44.
	Luri 1 10/5/51	The last of the la	The state of the s	erstorn ".sh	1.0
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		GISTRAR 25b. REGISTRAR'S SIGN	
>	Andrew K. Collun	er town law	DATE OCT 9 '	61 Children S. Ha	atte.
		4	V V 2000		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11973 CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission)
l)	Washington MARYLAND	Maryland Washington
	b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY N 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
<b>,</b>	Hagerstown 70 years	n d Hagerstown
6	d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
-	Washington County Hospital	1311 Virginia Ave. YES □ NO □
	3. NAME OF First Middle DECEASED	Last 4, DATE Month Day Yeer
	(Type or print) Lily Irene Morin	DEATH October 22 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years of UNDER 1 YEAR OF UNDER 24 HRS, lest birthdey)  Months Days Hours Min.
		ctober 1, 1883 78 yrs.   10015   10015
	10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House Wife Own Home	Franklin County, Pa.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jacob L. Eckstine	Eliza V. Startzman
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown)   (Hyesgive war or dates of service)	INFORMANT Address
		s. Norma M. Foltz Hag. Rt. 3
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) MESCULERE C COS	rentar acclusion 24 hours
	150.0) DUE TO 0-0	
	Conditions, if any, which (b) Celheroseles	osis 4-6 years
	geve rise to immediate cause (a), stating the underlying	
	ce use lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACC DENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHERRY NOTIFY MEDICAL EXAMINER)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	V C	YES Z NO .
	206. ACC DENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH	), (Enter nature of injury in Pert I or Pert II of item 18.)
*		CE OF INJURY (Home, ferm, 20t. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While fact    Dym. 19	lory, street, office bldg., etc.)
	p.m. 19 el work et work	1
	21. I certify that (I) (this hospital) attended the deceased from	613
		death occured at
	220, SIGNATURE	ATTENDING MED. STAFF
	22c. PHYSICIAN'S M	22d. ADDRESS 36 W. Washington St.
	NAME (TYPE) GEORGE -ICHNINGS	Hagers town, Md.
	238. BURIAL, CREMATION. 236. BATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify)	Ha constaun Nd
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
A	Scott F. Minnich & Son Hagerstow	n, Md DATE OCT 24'61 Circling S. Kinus



11974

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11960

	1. PLACE OF DEATH a. COUNTY	ashington	MARYLAND	a. STATE		If institution: Reside	rgan
	b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate lim	its, write RURAL and	give nearest town)
	Hancock		27 days	Paw Pay	W		
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		* *	e, IS RESIDENCE
		k Rest Home		c/o Pos	tmaster	,×,	YES NO
	3 NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth Oct.	Day Year
	(Type or print)	Benjamin	Henry	Moser	DEATH		27, I9GI
	s sex Male	6. COLOR OR RACE 7. MAR White widow		B. DATE OF BIRTH	1879 9 AGE last	(In years IF JNDE b rithday) Months 82 yrs.	
	100. USUAL OCCUPATIO	N (Give kind of work done 10b	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ale ar foreign cauntry)	12. CI	TIZEN OF WHAT COUNTRY?
	Retail N	ng life, even if retired) [erchant (	den. Store	Morgan	County,	W. Va.	USA
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	N NAME		
1	2	Samuel D. Mo:	ser	Amand	a Largent	;	
Ĭ	15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16		NFORMANT		Address	
	No	T yes give men or education priviley		Mrs Mildre	d L. Klin	e, Paw	Paw, W. Va.
		TH [Enter only one cause per l	ine for (o). (b), and (c).	+ 1/	+ 12:0		ONSET AND DEATH
	PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (a)	Priosello	lie Hear	t Vises	حاد	d5 mo
	43	DUE TO	h . A . 1	10 15.	-6 .		25-
	Canditions, if ar		entrolyld	anno	Clevor.	<u> </u>	al Tyle
1	cause (a), staling t			<b>\$</b>			
	lying couse last.	(c) ER STGNIFICANT CONDITIONS	CONTRACTOR STATE BU	T NIOT OF LITED TO THE TO	DELIBIES MICEACE CON	OTIONI CIVENI IN BI	APT I(a) 19 WAS A ITOPSY
nr	PART II, OTH B 200 ACCIDENT WAS CONTRIBUTING IF EITHER, NOTIFY	EK SIGNIFICANT CONDITIONS	Y I Pa	David t	La serie Con	-	PERFORMED?
	200 ACCIDENT WA	S JNDERLYING   206 DE	SCRIBE HOW INJURY OCCURR	ED Enter powere of injury	in Port I ar Port of i	tem 18.)	, , ,
		CAUSE OF DEATH MEDICAL EXAMINER)		1			
	ZOC TIME OF INJURY	Menth, Day, Year 20d. While	4 6	LACE OF INJURY (Home, footlory, street, affice bldg.		m)	(County) (State)
	₹ p.m.		rk at work				,
	21 I certify tha	t (J) (this haspital) atten	ded the deceased from.	10-10	1961,1010-		(2), that (1) (m) last
	saw the deceas		1267, and that	death accurred av	M, fram the c	auses and an t	he date stated above.
	22a SIGNATURE	1B Therman	, m. D.	ATTENDING 3	MED STA	FF	22b DATE S GNED
	22c PHYSICIAN'S	Diakos	, , , , , ,	M.D. PHYS 22d ADDRESS	DIRECTOR PHY	'S 📙	10-30-61;
	NAME (Type)	Frank B. The	omas, MD.		ck, Mary	and	Ph.
	23g BURIAL, CREMATIO		230 NAME OF CEMETERY	OR CREMATORY	23d LOCATION (	ty, town, or county	r) (State)
	BUT a I	10/30/61	Camp Hill		Paw Pa		W. Va.
	24 FUNERAL DIRECTOR	SSIGNATURE OHNSON CO. 1	BERNELEY SAK	71 11/62 3	EC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
	08	- Chi		W. VA, DATE	NOV 2 '61	adl.	9 15
	7						

TO HOSPITAL VR A1S (4) 1SM 9/S9

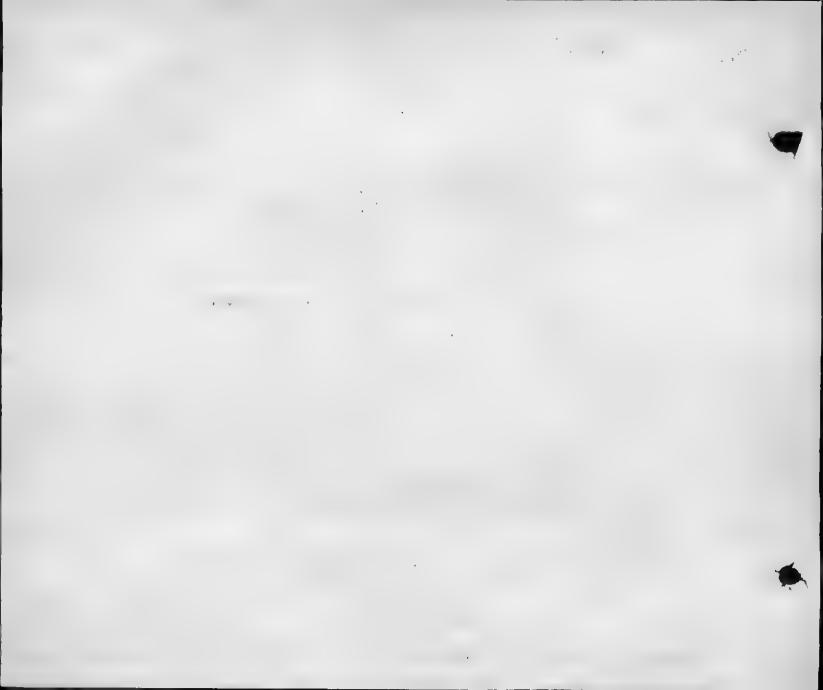


VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11961 11975

/	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
	e. COUNTY  WASHINGTON MARYLAND	B. STATE MARYLAND B. COUNTY WASHINGTON
	b. CITY OR TOWN (if outside corporate l'mits, . c. LENGTH OF STAY N 16	c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
	Write RURAL and give nearest town) HAGERSTOWN 14 MONTHS	HAGERSTOWN
	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress)	d. STREET ADDRESS 1 a. IS RESIDENCE
1	WESTERN MARYLAND STATE HOS.	662 OAK RIDGE DRIVE ON A FARM?
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
-	(Type or print) Charles South No	TIPP DEATH CTCLCR, C 1961
- 1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In yeers IF JNDER 1 YEAR IF UNDER 24 HRS.
-	MALE WHITE WOOWED DIVORCED M	MY 12, 1876   lest birthday) Months Days Hours Min.
	100. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) RETIRED FARMER	ALLEGANY CO. M.D. U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HENRY CLAY NAILL	CATHERINE I, WEEKLEY
- 1		NFORMANT Address
		IRS. DAISY M. MAILL HALERSTOWN, MO.
	18. CRUSE OF DEATH [Enter only one couse per lina for (a), (b), and (c).]	("INTERVAL BETWEEN
-	DART I DEATH WAS CALLED BY	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	10 maritan
-	420,0 DUE TO	
4	Conditions, if eny, which gave rise to immediate cause	MILL HERIT DISCISE CULTURE _
	(a), stating the underlying DUE TO	
	cause lest. (c) 6 16 E' 161 3 E 16	suffer a culture is
	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
	3 OBERGE TO FEFICE, DIACING	YES NO 🔀
	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	(Entar neture of injury in Pert I or Pert It of Item 18.)
	UIF EITHER, NOTIFY MEDICAL EXAMINER)	
	6.4	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, streat, office bidgs, etc.)
	Hour e.m.   While   Not While   facts	i i i i i i i i i i i i i i i i i i i
		1766 5 , 1961, 10 D E 10 , 1961, that (1) (we) last
		death occured at 3 MM, from the causes and on the date stated above.
	220. SIGNATURE	22b, DATE
	· + 18 1	D. ATTENDING MED. STAFF D.RECTOR PHYS. STAFF
	22c. PHYSICIAN'S	22d. ADDRESS , 1ste 10 pr C. St. 6 te pite
	NAME (Type)	the yearst a profession
	238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	DR CREMATORY   23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) 10/12/61 MT.OLIVE CH	
		25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTOR'S SIGNATURE - CACHA HADDRESS	DATE OCT 1 3 '61   Cather & Haus
	K. Franklin Persyer HACEKSIUWA	JANUAR TO THE TOTAL OF THE PARTY OF THE PART



ed in 24 hours after

funeral

d b ath.

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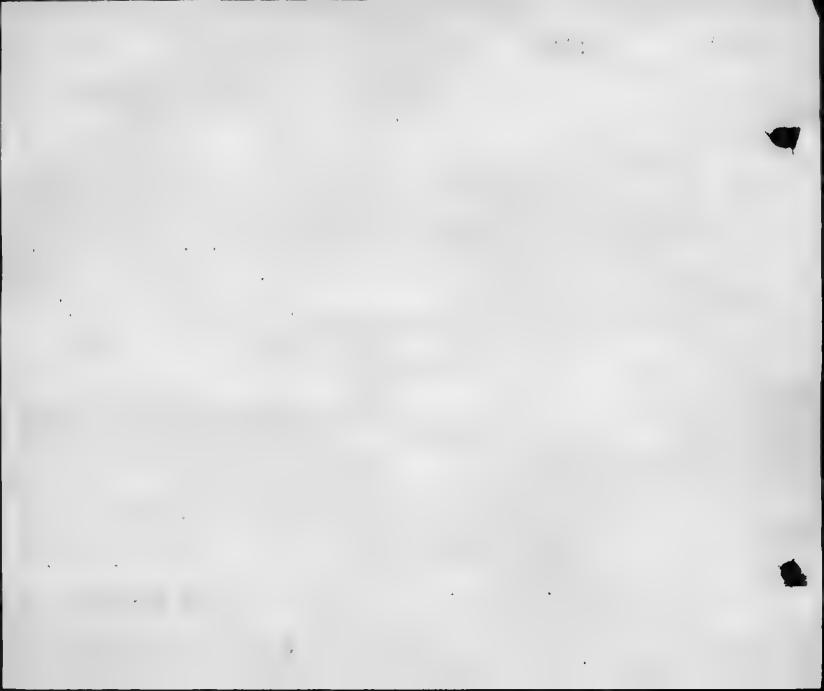
pletely

RN: The law requires that the death certificate be evil or attending physician.

It or attending physician, see has been signed by the attending physician and course has been signed by the attending physician and coit the burial-transit permit. Then please remove carbon.

TO HOS. A DR ATTEND death, Page A may be retained. TO FUNERALL DIRECTOR. director, page 3 should be de be filed with the State Dept. c

VR A15 (4) 15M 9/60



TO HOSPY OR ATTENUING PHYTICIAN: The law requires that the duath curtificate be exacted to 24 hours after death. Page 4 may be retained by the hospital or attending physician.

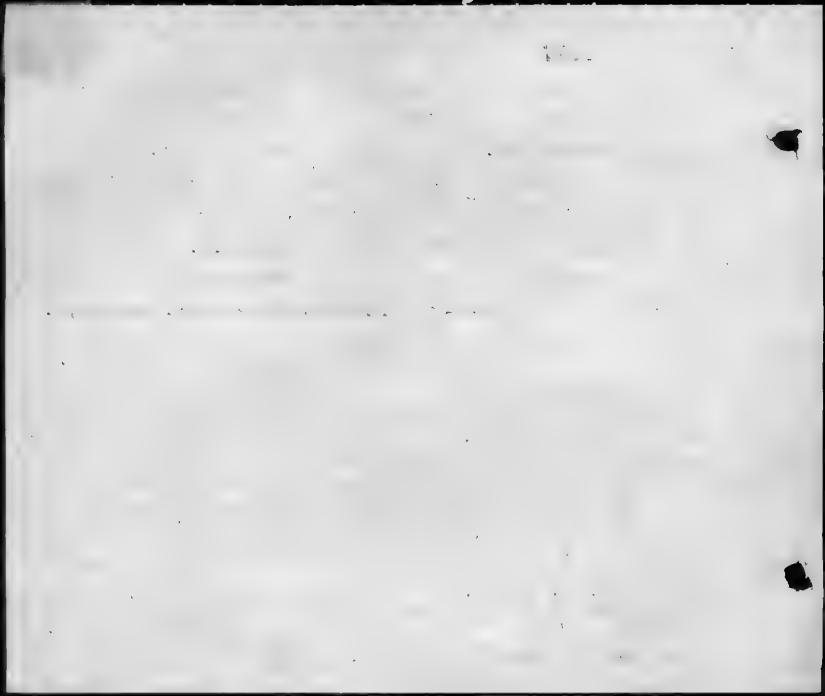
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely it (ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and a any event, within 72 hours after death.

VR A1Ⅲ (4) ISM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF THE DEPARTMENT OF T 11077

- 1=			7
	1. PLACE OF DEATH a. COUNTY	a, STATE 44 & B. COUNTY 1.1 1	nce before edmission)
П	Washington MARYLAND	Maryland Washi	ngton
ľ	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 16	c. City OR TOWN (If outside corporete limits, write RURAL and give	neerest lown)
1	write RURAL and give necrest town     Hagerstown   Lite	Hagerstown	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address,	d. STREET ADDRESS	. IS RESIDENCE
1			ON A FARM
1	2200 Rowland Ave.	2200 Rowland Ave.	YES NO X
	3. NAME OF First Middle	Last , 4. DATE Month Day	Tear
	(Type or print) Charles Albert	Palmer Death October 1	1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR lest b ribdey) Months I Days	
1	Male White WIDOWED DIVORCED .	August 22, 1886 TE yrs. Months Deys	Hours Min.
	100. USJAL OCCUPATION (Give kind of work 100 KIND OF BUSINESS OR INDUSTR)	11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN C	OF WHAT COUNTRY?
	done during most of working life, even if retired)	ces Washington Co.Md. USA	
1	Salesman Household applian	14, MOTHER'S MAIDEN NAME	_
- (			
4	David Palmer  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 3.	Molly Jacobs	
1	(Ves. en. or unknown) ( ((free charmona del confermion)		
1.		.Palmer 1216 Glenwood Ave. Hagerst	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	la	NSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Coronary Throm	oosis	udden _
	DUE TO	de	eath.
1	Conditions, fany, which \ (b) Gneralized Arte		
1	geve rise to immediate cause	71 1000 kO1 0D10;	•
1	(e), steling the underlying of the cause last.		
1	101	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Late	19. WAS AUTOPSY
	N	TRESTIES TO THE TRESTIES TO TH	PERFORMED?
1	None.	D. I. D. II. ( ) 12	YES 🔲 NO 🔯
1	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  None.  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NUTRY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of intury in Part I or Part II of Itam 18.)	
- 1			
1	U and the state of	CE OF INJURY (Home, farm 20f. (City or town) (County) ory, street, office bldg., etc.)	(Stelle)
	Hour e.m. While Not While facts	NY and all a state a state a state a	
1	21. I certify that (I) (this hospital) attended the deceased from.	Sudden death to Oct. 1. 1961	that (I) (we) last
	A110 7/ 01	death occured at 8M, from the causes and on the d	
	saw the deceased alive on AUS	death occured at 4 mm, from the cooses and on the co	225. DATE
1		ATTENDING MED. STAFF DIRECTOR PHYS.	IN 19/4
	22c, PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	10/2/01
	NAME (Type) R. A. Bell, M.D.	Hagerstown, Maryland.	
			(State)
	238 BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY C	la a	· ·
	Burial 10/3/61 Rest Haven C		Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Md. 25B. REC'D BY REGISTRAR 25B. REGISTRAR S SIGNA  Md. 0CT 3 261 Cuthur & true	ATURE
	Rest Haven Juneral Chapel Hagerstown,	Md. DATE OCT 3 '61 arthur S. Kra	
1.	Why G Storak	- W W W W W W W W W W W W W W W W W W W	



### RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY shington MARYLAND shin ton b. CITY OR TOWN lif outs'de corporale limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ers to TD d. STREET ADDRESS Virginia 1204 County NAME OF DECEASED comple PRATT Catober (Typa or print) DEATH роп 6. COLOR OR RACE 17. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION IG va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County State, or foreign country) | 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Drug Store Drie Frie Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Buth Dorn n Edwin O.Pritt 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Hyasgiyewarordatgeofservice) Perrl S. Pratt 1:04 Virginia ve 195-03-5485-16 18. CAUSE OF DEATH (Entar only one cause par line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY certificate as as USB 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part II or Part II of Itam 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, ! 20f. (City or town) factory, street, office bldg., atc.) While Not While et work et work 351, to 10/23 ....., 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 9.129.......... PHYS. FUNERAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, 23b. REMOVAL (Specify)

Ceretery

ADDRESS.

. IS RESIDENCE ON A FARM?

YES NO I

1967

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

22b, DATE

YES TO NO TO

(County)

Cothug & Kons

gerstown "

OCT 2 7 '61

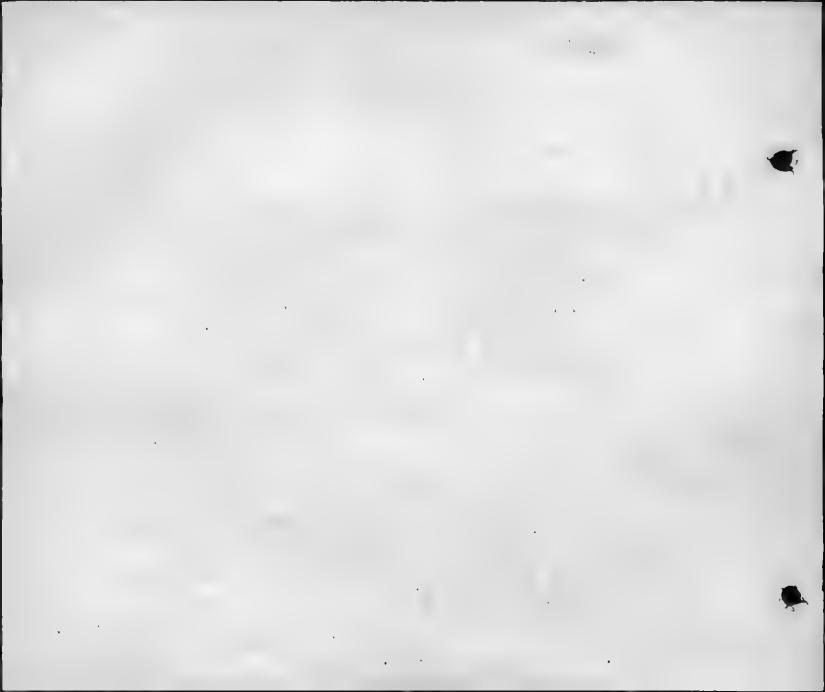
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

0 VR A15 (4) 15M 9/60

.Buri

24 FUNERAL DIRECTOR'S SIGNATURE

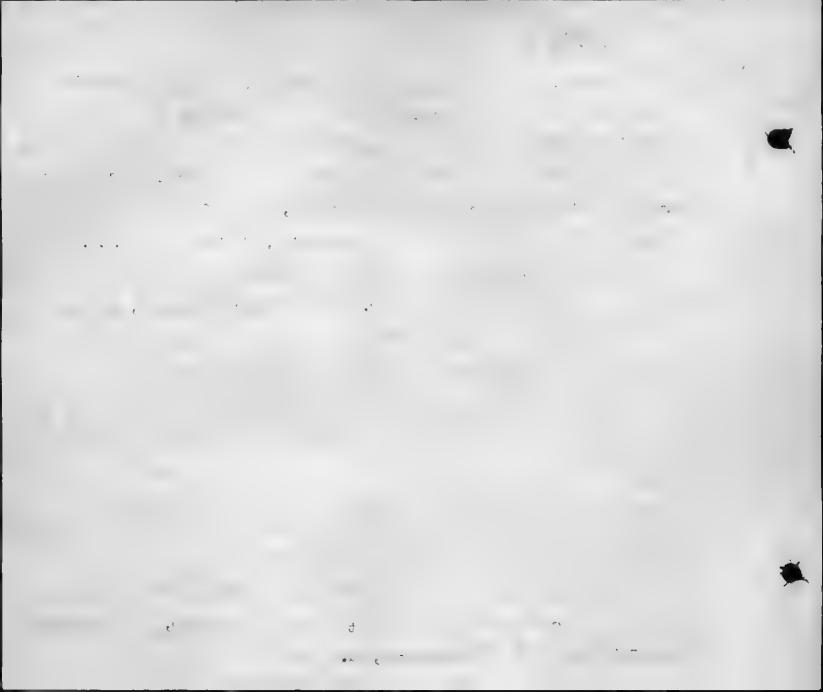
Anarew K. Coffin n Hamer town ha



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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  11065
I. PLACE OF DEATH a. COUNTY  Washington  MARYLAND b. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest lown)  Hagerstown  2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission a. STATE  Maryland  C. LENGTH OF STAY IN 1b  Hagerstown  A give nearest lown  Hagerstown  A give nearest lown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  36 Nettingham Read  4. STREET ADDRESS ON A FARM? YES NO TO THE STREET ADDRESS ON A FARM? YES NO TO THE STREET ADDRESS
3. NAME OF DECEASED (Type or print) ETHEL MAY PRESCRAVES DEATH October 13 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH Female White WIDOWED DIVORCED February 28, 1889 9. AGE (In years IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min. 72 yrs. 10s. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if refired)  Housewife  Winchester, Virginia  U.S.A.  13. FATHER'S NAME
William Fletcher  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hypesgiva werordeless of service)  Ne. Morris Fletcher Hagerstewn, Maryland
18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate couse (a), stelling the underlying couse lest.  Conditions of the period of the couse couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY
PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CITY OF CONTRIBUTING CAUSE OF DEATH OF CITY OF CONTRIBUTING CAUSE OF DEATH OF CITY OF CONTRIBUTION CAUSE OF CONTRIBUTION
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C.ty or town) (County) (State)  Hour a.m. While Not While factory, street, office bidg., etc.)  The property of the property
21. I certify that (I) (this hospital) attended the deceased from
226. SIGNATURE    SIGNATURE   SIGNATURE   STAFF   SIGNATURE
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 10/15/1961 Rest Haven Cemetery Hag erstown, Maryland
Suter Rouger Funeral Home Hagerstown, Md.   256. REC'D BY REGISTRAR'S SIGNATURE   256. REGISTRAR'S SIGNATURE   256. REC'D BY REGISTRAR'S SIGNATURE   256. REGISTRAR'S SIGNATURE   256. REC'D BY REGISTRAR'S SIGNATURE   256. R



1. PLACE OF DEATH a. COUNTY Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strae) address) Washington County Hospital 3. NAME OF DECEASED Catherine (Type or print) 6. COLOR OR RACE, 7. MARRIED K NEVER MARRIED femala WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 13. FATHER'S NAME James Whitney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyas give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).)

Conditions, if any, which

gave rise to immediate cause

(a), stating the underlying

20c. TIME OF INJURY

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Typa)

REMOVAL (Specify)

burial

24 FUNERAL DIRECTOR'S SIGNATURE

Hour a.m.

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

cause last.

CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

davs

Geneva

none

Not While

Minnich & Son, Hagerstown, Md. DATE OCI

rose hill cemeterv

at work

While

at work

DUE TO

DUE TO

Month, Day, Year

Dr. E. W. Ditto

10-17-61

(b)

2. USUAL RESIDENCE (Whare decasted lived, If institution, Residence before admission) a. STATE b. COUNTY Md. Wash. MARYLAND c. CITY OR TOWN (If outs da corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 rural Hagerstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? P.O.Box Route YES NO X Month OF Reid October 14, 19 61 DEATH IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR last birthdey) 1886 Sept. 10b. KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY? Downsville. Md. 14. MOTHER'S MAIDEN NAME N.F.N. Moore Addrass James A. Reid, Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Carcinoma Of Breast With Metastasis To Brain. \_vears. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Part I or Part II of itam 18.) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 2Df. IC ty or town) (County) (State) factory, straat, office bldg., atc.) 22b. DATE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. M.D 10-16-61 22d ADDRESS Hagerstown. 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

Hagerstown, Md.

Chilling J. France

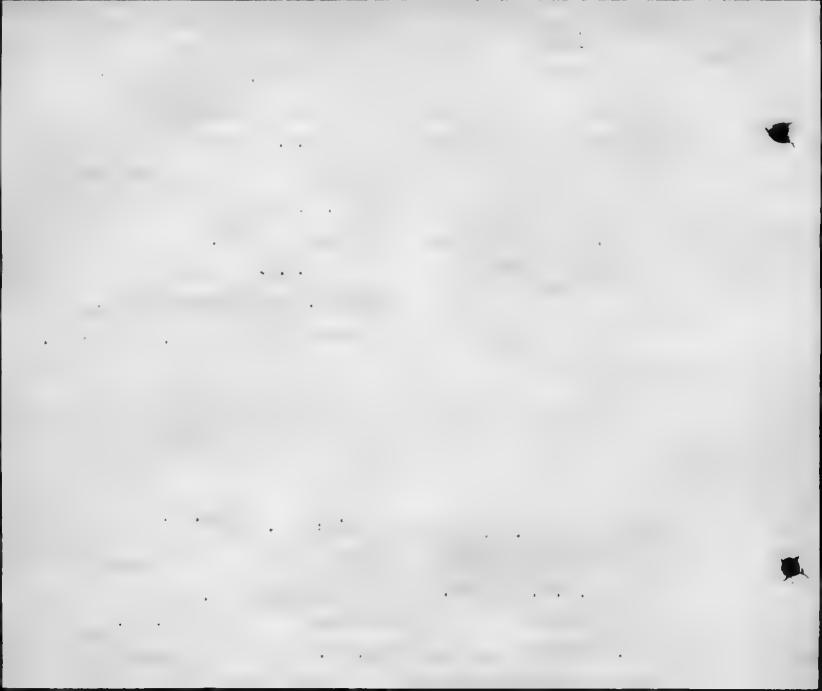
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

mpletely and cor carbon physician Гетоуе lease aftending p Ξ ᇻ removal, attending physician. as been signed by the permit. burial-transit the bur burial, certificate has prior ξ DIRECTOR: After this 3 should be detached f death. Page TO FUNERAL I director, page 3 be filed with the VR A15 (4),

funeral

by the 1 and 2 s death.

15M 9/60





#### MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution: Residence before admission) e. COUNTY b. COUNTY Washington b CITY OR TOWN (if outside corporeta limits, by the MARYLAND Maryland Allaganey. c. CITY OR TOWN (If outs do corporate limits, viv. of AL and give neerest lown) c. LENGTH OF STAY N 16 write RURAL end give nearest town] Cumberland after .= -Hagerstown Pages filled d. NAME OF HOSPITAL OR INSTITUTION ( f not in hospital, give street address) d. STREET ADDRESS Western Md. State Hoppital No 218 Center 3. NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7, MARRIED NEVER MARRIED DATE OF lest birthday) WIDOWED T 1884 76 yrs. DIVORCED Dec 106. KIND OF BUS NESS OR INDUSTRY country) done during most of working ...fe, even if ret red) Chief Clerk W. M. R. R. 1801/wd Retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME please attending John J. Ridgway Nannie E. Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Then (Yes, no, or unkown) ! (If yes giva war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] signed by VLMONARY EMBOLISIM IMMEDIATE CAUSE (a) TI DUE TO WARTERIOSCLEROTIC HEART DISEASE

YES NO Year 19 IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR Months 1 12. CITIZEN OF WHAT COUNTRY? USA Kabletown Jefferson Co Mrs Coy Dyer 1311 Michigan Ave Cumberland Md. INTERVAL BETWEEN geva rise to immediate cause DUE TO (a), stating the underlying (C) GENERALIZED ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? PNEUMONIA - BENICH NEPHAOSIEROSIS NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Part II of Item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 201. (City or lown) (County) (Stote) factory, streat, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (!) (this hospital) attended the deceased from... P.M. from the causes and on the date stated above. and that death occured at. saw the deceased alive on... O.C. 22a. SIGNATURE ATTENDING MED. SIGNED pulous DIRECTOR PHYS. PHY5. MD. 22d. ADDRESS 22c. PHYSICIAN S 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stella) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) Cumberland Alleganey Co Cemetery Out 1258. REGISTRAR 256. REGISTRAR'S SIGNATURE Green Mount **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE Chilling S. Kraus George Funeral Home Cumberland Md.

. IS RESIDENCE ON A FARM?

has been certificate as 9517 After this may be retain DIRECTOR: HC TAL aff. Sge 4 FUNERAL ector, page 3 0.5 2 H VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11983

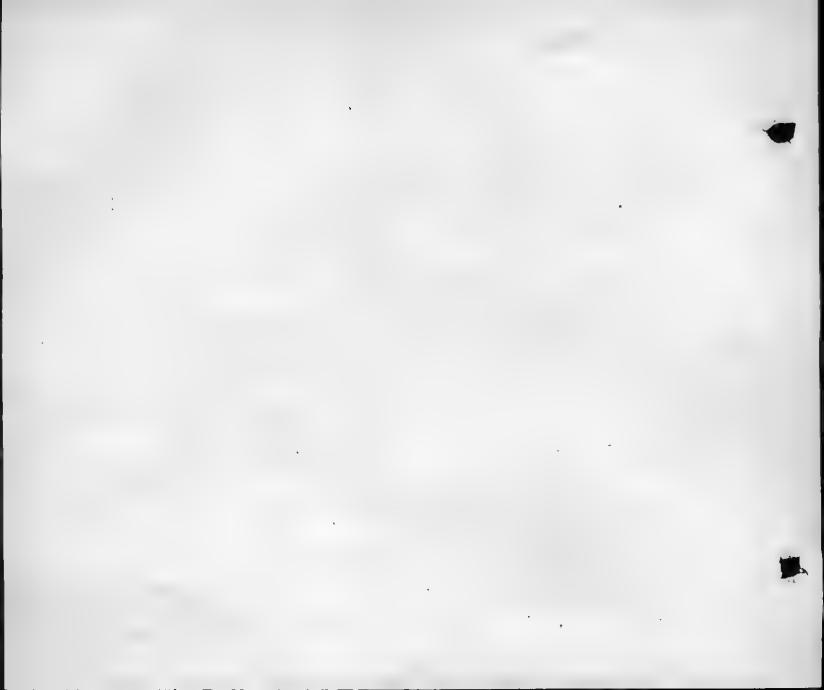
11965

1	1. PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
)	CU2Shington MARYLAND	maryland b. country washington
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Williamsport Byne- Zweek	Williamsport
1	d. NAME OF MOSPITAL (If not in haspito, give street oddress) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE
i	Williamsport Sanitarium	17 Conoe ocheaque St. YES NO IN
	3. NAME OF First Middle	tast 4. DATE Manth Day Year
	(Type or print) VIO /A BELL	RoHn DEATH October 23 1961
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
	Lemale white WIDOWED DIVORCED	June 19 1888 73 yrs. Aprilhs Dys Hours Min
	10o. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDÚS	57RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Home	diberty obio w.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	AriON McJarland	molly Stuck
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN IYes, no. or unknown) 1 (If yes, give wor or dates of service)	FORMANT (50 n) Address
	(If yes, no or unknown) (If yes, give war or dates of service) none	seph Kohr Koute 7 Keedysville, Ma
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	OSC105104 3440
	420,1 DUE TO 0.1	
	Conditions, if ony, which) (b) Athero &	cherco 10m
	gave rise to immediate (	
	lying couse lost.	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19 WAS AUTOPSY
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Series 1 20 Co	BC/18xid PERFORMED? YES   NOW
	200 ACCIDENT WAS UNDERLYING   206 DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)
	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF SEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, farm, 20f (City or Town) (County) (Stote)
	Havr a m. While Nat while for p. m. 19 at wark at work	ctory, street, affice bldg., etc.)
	21   certify that (I) (this haspital) attended the deceased from.	(1) (we) lost
		leoth occurred at 12 M, from the causes and on the date stated above.
	220 SIGNATURES	22b DATE
	11/16/ Aug Ret	ATTENDING MED STAFF SIGNED PHYS PHYS
	22c PAYSICIAN'S NAME (Type 1)	22d. ADDRESS
	J. E. ByrKit	Williamsport Md
	230 BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY O	
	Burial Oct. 25-61 Rest Haven	Cemetery Hagerstown Md
	24 FUNERAL DIRECTOR S SIGNATURES	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
7	Clour Leaf Williamsport	DATE AT 2 C 1C1
		the first of the second of the

er death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by he funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remavol, and in any event, within 72 haurs ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus TO HOSPITAL

VR A15 (4) 1SM 9/S9



ed in by E P

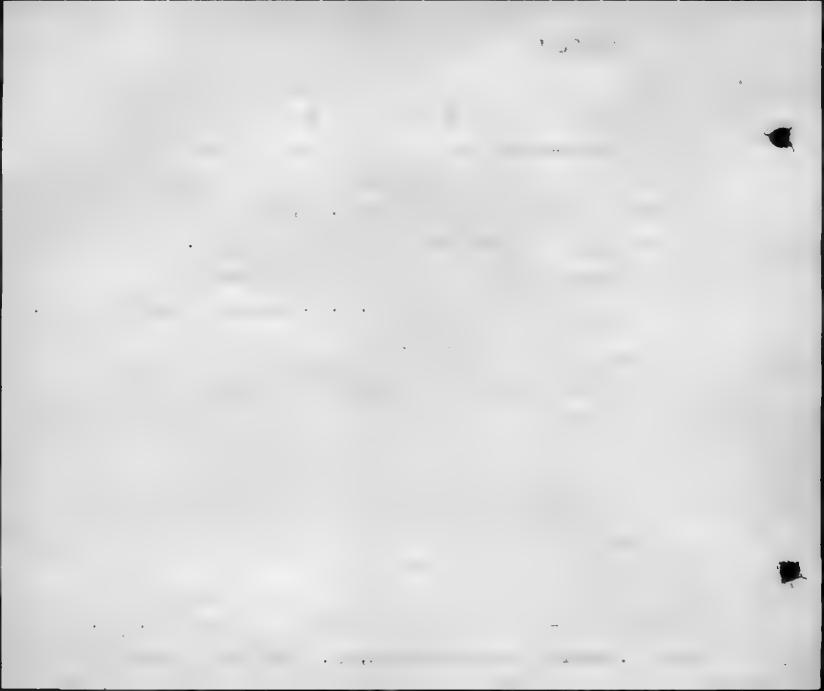
24 hours after

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11984

-1			
4	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Resident	dence before edmission)
1	Washington MARYLAND	a. STATE Maryland Washi	ngton
1	b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY N Ib	c. CITY OR TOWN (If outside corporate limits, write RURAL and gl	
1	write RURAL end give neerest town) Hagerstown 50 years	Hagerstown	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Washington County Hospital	/ 1005 Pope Ave	YES NO
ı	3. NAME OF First Middle DECEASED	, OF	lay Yeer
1	(Type or print) Ima May Sampsell	DEATH October 2	5 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED . 8. D	DATE OF BIRTH 9. AGE (In years IF UNDER TYE)	
	70 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ept. 29, 1888 73 yrs. Months Day	s Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
1	House Wife Own Home	Funkstown. Md.	
1	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME	
Н	John Henry Watson	Monie Ausherman	
1	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INE	FORMANT Address	
1	(Yes, no, or unkown) (livesgivewerordelesofservice).	W. R. Marshall Hagersto	wn. Md.
1	18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]	7	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wyone a due to	hyphroselines !	ONSET AND DEATH
ı	260 V DUETO Coronery. altres	sacciosis.	11/
1	Conditions, Fony, which I'm Tenuntyell arter	in releives -	, ,
1	gave rue to immediate cause	i E Challelhearts	70/9/6/
1	(a), sleting the underlying Dut to Vhully underlying cause lest.	1 Tu	
١		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6	II 19. WAS AUTOPSY
	FAX II. O M.K. SIGNATURAN COMPANIONS CONTRIBUTION TO DESTRUCTION OF THE PARTY OF TH	REPAIRS TO THE IRRIVING SIGNAL CONSTITUTION OF THE IRRIVING TO	PERFORMED?
	O A A CONTRACT OF A CONTRACT O	F. A. Maria and D. A. Branch and D. Company and D.	YES NO Z
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE CONTRIBUTION.	Enter neture of injury in Pert I or Pert II of item \$8.)	
1		OF INJURY (Home, term, 20f. (City or town) (County)	) (Stata)
1	Hour e.m. While Not While	y, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from G	11/- 19/1/ 10 GM > 5 19/6	( that (1) (wa) lac
ı		leath occured at A. A. from the causes and on the	
ı	saw the deceased alive on	learn occured are the true to causes and on the	22b. DATE
Н	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYS CIAN'S	PHYS. DIRECTOR PHYS. D	10.01-41
	NAME (TYPO) I DIVEY WOVENSTE, N	I wish town my	
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burial 10-28-61   Rose Hill Ce	emetery Hagerstown,	d.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
	Scott F. Minnich & Son Hagerstown.	Md. DATE DET 3 0 '81   Cuttur & H	ralle

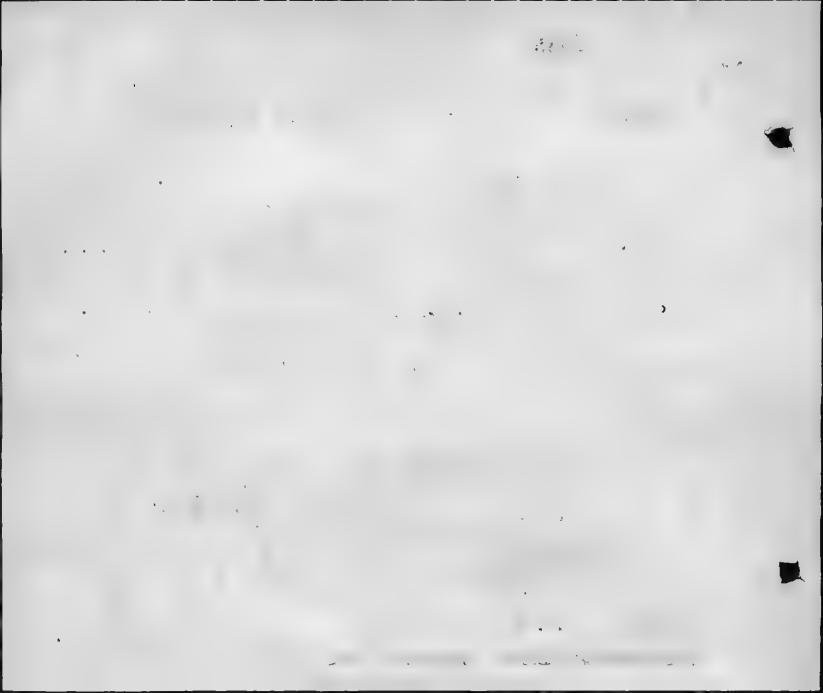


11072

(State)

USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission a. STATE b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give recess flown)
Hancock Maryland  o. is residence on a farmi yes \( \text{Not} \)
Lest 4. DATE Month Dey Year
Seville 9. Age (In yeers of Funder) 1967 (ast birthdey) Months Days Hours Min.
II. B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Hancock Maryland U.S.A.
Rebecca Myers Address
Olive P Seville Hancock Md.
oma bigmord onser and DEATH
yorardites.
in
ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
reture of injury in Part Lor Part II of item 18 )
OF INJURY (Home, ferm, '201. (City or lown) (County) (Siete)
street, office bldg., etc.)
5/28 196 10 DCT 4 196 (hat (1) (w) 18
eath occurred at 7, 2M, from the causes and on the date stated above
ATTENDING MED.  PHYS.  DIRECTOR PHYS.  10/6/6

15M 9/60



STREET, BALTIMORE 1, MARYLAND 11986 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY B. COUNTY MARYLAND b. CITY OR TOWN ( Foutside corporate im Is, c. CITY OR TOWN (If outside corporete I mits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 n. IS RES DENCE ON A FARM? HOULE YES NO K 3. NAME OF albbiM DECEASED (Type or print) 1960/ COLOR OR RACE 17. MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR | NEVER MARRIED lest b'rthdey) physician 10s. USLAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? andering most of working I fe, even if retired FATHER'S NAME please Ξ affending Then ilf yes give wer or dates of service מטיטו the 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN signed by ONSET AND DEATH IMMEDIATE CAUSE (of Vocardial infarction nin geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO prior 20e. ACCIDENT WAS UNDERLYING \_\_\_\_ 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of injury in Pert I or Part II of Item IB.)
OR CONTRIBUTING \_\_\_ CAUSE OF DEATH |
(IF EITHER, NOTIFY MEDICAL EXAMINER) E.F After this 20d. NJURY OCCURRED , 20s. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Dey, Year Not While factory, street, office bldg., etc.) While Hour e.m. el work at work CTOR 21. I certify that (I) (this hospital) attended the deceased from CCT. saw the deceased alive on S DIRE 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Washington NAME (Type) 16161 BURLAN, CREMATION, | 23b. NAME OF CEMETERY OF (State) AL (Spacity) ig g 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR **VR A15 (4)** 15M 9/60

TO HO. 4L OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut. Within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

A Death. Page 4 may be retained by the hospital or attending physician.

Yet of FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

$\langle  $	11007 CERT	TIFICATE OF DEATH
	1. PLACE OF DEATH	2. USUAL RESIDENCE Where decessed I ved, If institution, Residence before admission)
	•. county  Tashington	MARYLAND STATE 1 No. 1 LShin ton
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH (	OF STAY IN 16 (C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL end give neerest town] Haranatown D. O	
1	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street	al eddress) d. STREET ADDRESS le. IS RESIDENCE
,	Washington County Hospital	ON A FARM?
	3. NAME OF Frst Mil	ddle Lest 4. DATE Month Dey Year
	(Type or print) CURVIII ARTHUR	S. ITH DEATH SUCJET 1 1961 19
	5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER A	1
	3 3	VORCED TI 1 V 13 1910 51 JU yrs. Months Deys Hours Min.
	100. JSUAL OCCUPATION (Give kind of work   10b. KIND OF BUSIN	ESS_OR INDUSTRY II BIRTHPLACE (County & Siete, or fore an country)   12. CITIZEN OF WHAT COUNTRY?
		antiy Han ver York Jo Pa. U.A
	13. FATHER'S NAME	. 14. MOTHER'S MAIDEN NAME
	Grover C. Cuith	Enal G. Cringer
5	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	
	(Yes, no, or unkown) (Ifyesg vewerordetesofservice)	a gerutum, ryl nu.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b),	ord (c.)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	roncer occlusion minutes
	1/201/ DUE TO -1	
	Conditions, feny, which (b) author	Esclent o comme de a la ser 185
	geve rise to immediate cause	
	(e), stating the underlying ceuse lest. (c)	•
		DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO	YES NO Y
		(JURY OCCURED. (Enter neture of injury in Perl i or Part II of item 18.)
	10	RRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.)
	Hour e.m. While Not While p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the de-	ceased 1-011
	saw the deceased alive on 19 6.	( , and that death occurred at $1/5M$ , from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	1200bab IW.	M.D PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) H	22d ADDRESS
		.D.   136 N. Potomac St.  OF CEMETERY OR CREMATORY 23d. LOCATION (C by, town or county) (Siete)
	23e. BURAL, CREMATION, 23b DATE THEREOF 23c, NAME REMOVAL (Specify)	TT
	24 FUNERAL DIRECTOR'S SIGNATURE ADDR	1111 Geletery Lagorita Vin Hah July 155   258. REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE
	in ir ow " . Coffinin H. car to	COT a see
	* T * C T T T T T T T T T T T T T T T T	DATE 2. /Cattle



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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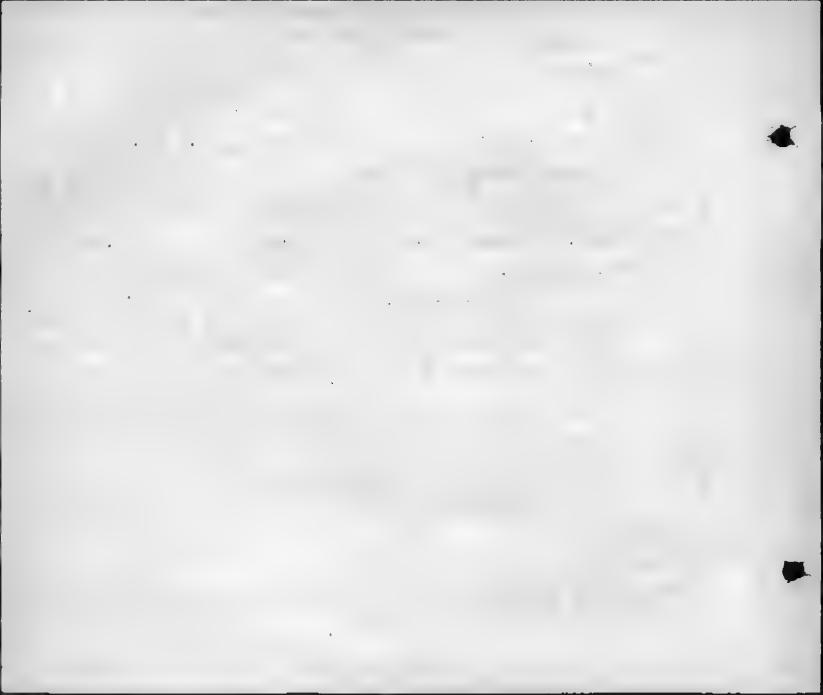
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**BOVe** 

FUNERAL III

O

15M 9/SS



**ADDRESS** 

Anarew K. Coffman Hagerstown Ld.

Hagerstown Wash Co

arthur & Kroug

25e REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

OCT 1 3 '61

and cor carbon After this may be retained DIRECTOR: Aft 3 should TO FUNE director, I VR A15 (4) 15M 9/60

Euria? 24 FUNERAL DIRECTOR'S SIGNATURE Lience concentration of the contraction of the cont

proposed [ harding

DIVISION OF STATISTICAL RESEARCH AND RECORDS. STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY MARYLAND c. LENGTH OF STAY ,N 16 c. CITY OR and give neerast town! B. IS RESIDENCE ON A FARM? YES NO completely DECEASED OF (Type or print) DEATH QC 19 carbon withi IF UNDER 24 HRS. AGE (In years IF UNDER I YEAR NEVER MARRIED and last b rthday) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, ay in if retired 13. FATHER'S NAME aftending ARMED FORCEST 18. CAUSE OF DEATH jEnter on y one cause per line for INTERVAL BETWEEN IMMEDIATE CAUSE (e) signed DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying has ceuse last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REPORMED? certificate GRIFICATION 8 0 prior 206. ACCIDENT WAS UNDERLYING | 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Itam 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After this (County) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (Stote) Month, Day, Year factory, streat, office bldg , atc.) While Not While al work et work 3 should be del 21. I certify that (I) (this hamptal) attended the deceased from . ... 1964, that (I) (we) last 1961., and that death occured at 1000, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. director, page be filed with th FUNERAL 22d, ADDRESS 22c. PHYSICIAN'S 23d. LØCATION (City, lower or county) (Stefa) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF REC'D BY REGISTRAR 256. REGISTRAR'S VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11991 pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY by the WASHINGTON MARYLAND b. CITY OR TOWN (if outside corporate timits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Write RURAL and give nearest town) HAGEPSTOWN 9-HAGERSTOWN 50 YRS. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) r d. STREET ADDRESS . IS RESIDENCE ON A FARM? COUNTY HOSPITAL 1115 MT. YES NO X J. NAME OF Middle 4. DATE DECRASED OF (Type or print) LEROY SOWERS DEATH BASTL 13 19 61 and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (to years ) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months | Days 19/1902 WIDOWED [ DIVORCED physician 10a USUAL OCCUPATION (G've kind of work 1 12. CITIZEN OF WHAT COUNTRY? IDb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE, County & State, or foreign country) done during most of working life, even if retired) RETIRED SILK WEAVER VIRGINIA U.S.A. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNIE BELLE RICKARD CASPER LEE SOWERS 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT ANGERS (Yes, na o unkown) (Hyes give wer or dates of service) MRS. the 18 CAUSE OF DEATH [Enter only one cause per line for (e) (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH Congestive Heart Failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Pheumatic Heart Disease peeu Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying has cause last. PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HEIT 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Perl II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20t. (City or lown) (Stelle) 20c. TIME OF INJURY 20d, INJURY OCCURRED (County) factory, street, office bldg., etc.) While Not While el work et work 21. I certify that (I) (this hospital) attended the deceased from 10-10 1961, to 10-13 1961, that (I) (we) last 1961, and that death occured at 1 2M, from the causes and on the date stated above saw the deceased alive on.. 22a. SIGNATURS DIRECTOR PHYS UNERAL 22d ADDRESS 22c. PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 16/61 ROSE HILL CEM. OH 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 35M 7 61

RYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY . STATE b. COUNTY Washington Wash. Md. MARYLAND c. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate I mils. c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Smithsburg 16 months rural Smithsburg d. NAME OF HOSP, TAL OR INSTITUT ON (if not in hospital, give street address, a. IS RESIDENCE d. STREET ADDRESS ON A FARM? RFD YES NO X completely 3. NAME OF Eirst M.ddle 4. DATE Month a DECEASED Betty (Type or print) Jane Stenger DEATH October 24.19 61 9. AGE (In yours ) IF UNDER 1 YEAR 8 DATE OF BIRTH 7. MARRIED X NEVER MARRIED and lest birthdey) Months Deys female Dec. 1. WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUS NESS OR INDUSTRY 1 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? OVE done during most of working I fe, even f retired) physic Shippensburg, Penna. teletype operator ordance depot 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter A. Shank Mae Shoap 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOC AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ilyesgivewerordetespiservice) 1-18-5206 Paul J. Stenger. Smithsburg, Md. no 18. CAUSE OF DEATH itnier only one cause per line for (a), (b), and (c), ONSET AND DEATH Melandua with PART I. DEATH WAS CAUSED BY. aliquan IMMEDIATE CAUSE (e) Wiclespread Metastasis DUE TO Conditions, if eny, which peen (5) gave rise to immediate cause · Fial lesion Not Known) DUE TO (e), stelling the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION & VEN IN PART 1(0). 19. WAS ALTOPSY certificate PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW IN LURY OCCURED (Enter neture of invery in Pert 3 or Pert II of item 18.) ş After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While \_\_Not While Hour a.m. et work at work DIRECTOR 1960 10 OCY 2.4 19.62 that (I) (we) last attended the deceased from 22 H 21. I certify that (I) (this hespital) saw the deceased alive on. ATTENDING SIGNED PHYS. PHYS. devas death. Pag. 22d, ADDRESS ZZc. PHYSICIAN'S NAME ITYPO West Washington St. Hagerstown, Md. ... Edward W. Ditto III. M. D. (Stete) 236. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 10-27-61 Spring Hill Cemetery 0 5 8 burial Shippensburg. 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** Scott F. Minnich & Son. Hagerstown, Md. DAJE OCT 27'61 arthur & Kraus 15M 9/60



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY "Maryland Mashington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spir D. O. A. Hagers town Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS Washington County wospital 22 No Potomac St YES NO NAME OF retained far your 2 with the registro DECEASED October 28 1961 STINE ELAINE (Type or print) AGUIL DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH S. SEX 9. AGE III years IF UNDER TYEAR IF UNDER 24 HRS. 3 to the ! Months Hours WIDOWED | DIVORCED [ Female white 6 YIL. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Hagerstown Wash Co USA Infant None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marjorie Winck Llovd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address Marjorie Winck 22 No Potomao None No 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (4) Several minutes Strangulation **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o) stoting the underlying couse last. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0 19. WAS AUTOPSY PERFORMED? NOF 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of Item 18.) d crawled through railing of bed and hung by 2004. INJURY OCCURRED (200 FLACE OF INJURY (Home, form, 1201. (City or town) factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , inspection of Inquiry , and find that forworded to the Chief TO FUNERAL DIRECTOR: Accident X. death resulted from: Natural causes ... Suicide . Hamicide . Undetermined cause % DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 10-30-61 EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO 22c. NAME OF CEMETERY OF CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify)
Burial 10/30/61 Rest Haven Cemetery Hagerstown Wash Co Md ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Andrew K. Coffman Hagerstown Md. arthur S. Thrank DATE T 3 1 '61 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11994 CERTIFICATE OF DEATH 1 1 116 .

N	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
	•. COUNTY  Washington MARYLAND	Maryland b. COUNTY Washington
	b, CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	
O	write RURAL end give neerest town) Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	Hagerstewn    d STREET ADDRESS   0. IS RESIDENCE ON A FARM?   2435 Jefferson Boulevard   YES   NOK
	Washington County Hespital	Last 4. DATE Month Day Year
	DECEASED (Type or print) BARBARA ANN	SWARTZ DEATH October 9. 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X white widowed Divorced D	B DATE OF BIRTH  9. AGE (In yeers lest birthdey) 19 yrs.   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.   Months   Days   Hours   Min.
		TRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk Typist Eq. Manufactor  33. FATHER S NAME	Hagerstown, Maryland U.S.A.
	Robert S. Swartz	Arlene Kendle
	(Yes, no, or unkown)   (Ifyes give wer or detes of service)	INFORMANT Address
		Robert S. Swartz Hagerstown, Maryland
	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) MOIPIPE HOSC	esses of teritoneum 7-10 day
	55011 DUE TO PO 1. 1.	(7) 10 12 10/15?
	Conditions, if eny, which geveruse to immediate cause	generalized 2 wks;
	(e), steting the underlying DUE TO P	2 White Acita = Pochoatia 2 WKs +
	ceuse lest.  (c) (RODOR) (C) (T)  PART III OTHER SIGNIF CANT CONDITIONS CONTRIBLING TO DEATH RUST	OT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	0	YES PERFORMED?
		ED, (Enter neture of injury in Pert I or Pert II of item 38.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) sclory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	Sept. 21, 1961 to Oct. 9 , 19.01, that (1) (we) last
ŀ	saw the deceased alive on	at death occured at
	220. MCHATURE	ATTENDING MED. STAFF 22b. DATE
	Marrie V. Hanver	M.D PHYS. DIRECTOR PHYS. DCT. 1061
	22E. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Richard V Hauver M.D.	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	
	Burial 10/12/1961 Rest Haven	emetery Hagerstown, Maryland  , 250. REC'D BY REGISTRAR   250 REGISTRAR'S SIGNATURE
	Suter - Rouzer Funeral Home	ACT 1 2 '61 0 0 0 0 0 0 0
	R. Franklin My Hagerstown,	TUAL TUAL

Pages 1 and 2 should whin 24 hours after TO HOSPITATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death. Page \* may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely raid in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

15M 9/60



TO HO TIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectivithin 24 hours after death the graph and be retained by the hospital or aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competities in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

	11995 CERTIFICAT	E OF DEATH	MARYLAND
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If institution	ni Rasidence befora admission
	Washington MARYLAND	e. STATE b, COUNTY	ashington
1	b. CITY OR TOWN (if ouls de corporate umits	c_C OR TOWN (if outside corpora a limits, write RURAL	
ı	write RURAL and give neerest town) Hagerstown	# Hagerstown	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	2302 Virginia Avenue	2302 Virginia Avenue	ON A FARM?
٧	3. NAME OF First M ddle	Last 4. DATE Month	Day Year
ı	(Type or print) NORMAN O.	TERPENING DEATH October	25 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In yeers   IF UNDE	
ı	Male White WIDOWED TO DIVORCED TO	October 27,1877   last birthday)   Months	Days Hours Min.
ı	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY, II. BIRTHPLACE (County & State, or foreign country)   12.	ITIZEN OF WHAT COUNTRY
ı	Retired Farmer Own Farm	Summit, New York	U.S.A.
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Jerome Terpenning	Mary Etta Fox	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes, no, or unknown) ( (Hypergive war or deles of sarvice)	INFORMANT Address	_
ı	NoNone Mr	s. J. Logan Treadwell, Jeffer	son. N.Y.
	18. CAUSE OF DEATH [Enter only one couse per Jine for (e), (b), and (c)   PART 1. DEATH WAS CAUSED BY:	,	ONSET AND DEATH
ı	IMMEDIATE CAUSE (a)	asekna.	5720
ł	117 Busso astoristolor	otre heart dissess	Cara
I	Canditions, if eny, which gave rise to immediate couse	a comment	3 3
ı	(a), stelling tha underlying DJE TO		
ı	cause lest. (c)	American man at the second man and the second man at the second ma	
ı	PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	of related to the terminal disease condition given in PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
ł			YES NO
	208 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW WIJRY OF CURED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter natura of injury in Perf I or Perf II of Item 18.)	
1		CE OF INJURY (Home, ferm, 20f. (City or town) (C	ounty) (Stele)
ı	Hour e.m. While Not While	ory, street, office bldg., etc.)	
I	21. I certify that (i) (This has better all attended the deceased from.	July 10.56 in Det 1	9.00., that (I) (400) las
ı		death occured at 39M, from the causes and on	
ı	22a SIGNATURE I A A		22b. DATE
ł	Dyla G. Grup In D'	D. ATTENDING MED. STAFF	Ct 75,1951GNE
ĺ	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 115 King Street	
İ	Joseph C. Crisp M. D.	Hagerstown, Maryla	
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) Jeffersoy		inly) (Slala)
	Burial October 27,1961 Evergreen	Cemetery Jefferson, N.Y.	
	24 FUNERAL DIRECTOR'S SIGNATURES (LL) ADDRESS	25a REC'D BY REGISTRAR 25b, REGISTRAR'	
	CLO. Fuss & Son Taneytown, Maryland	DATE UCI 2 1 01 Callun	8. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEAT 2. USUAL RESIDENCE (Where decassed leved, If institution: Rasidance before admission) a. COUNTY **b.** COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate l.m.ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Lshington County Hospital Guilford YES NOV Middla DECEASED OF (Type or print) DEATH Actober 9 6. COLOR OF RACE TO MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months. Hours WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (County & State. or fore gn\_country] 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Asst "grehouse Foreman waynesboro Frankl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Routzan Charles Wade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or deles of service) Dearl Frown Tade 520 Guilford Ave 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL RETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? NO 4 208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neighbor of injury in Part I or Part II of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) (County) (Stata) factory, street, office bldg., alc.) While Not Whila at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from and 3, 1953 to 674 9, 1954 that (I) (we) last 9 19.61, and that death occurred alli W from the causes and on the date stated above. saw the deceased alive on Co 22b. DATE 228 SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN S 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Hagerstown "ash Co Ld Rose will Cenetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRÉSS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Andrew A. Coffin Hamerstom La.

OCT 13 '61

Chillian & Kroug

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5M 9/60	1/1	KLI TILL	URU	NS WIL	CK, IVIAR	KAND	DATE	7 01	Clith	wo S. Than	<u></u>



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, It institution; Residence before edim ssion e. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, IY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL end give neerest town) Hagerstwon Hagerstown hours after d. NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address) n. IS RESIDENCE ON A FARM? 148 Donnybrook Drive Donnybrook Drive YES NO K NAME OF Middle DECEASED 161 M. D. October (Type or print) DEATH CARL JOHN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) Months Male WIDOWED [ DIVORCED T November 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ; 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Omaha Douglas Co Neb. USA Boook Lane 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hazel Lake Carl White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes W. W. #2 50 507-10-7444 Mrs Olga L. White 148 Donnybrook Dr 18. CAUSE OF DEATH [Enter only one cause per line for [e] (b), end (c) INTERVAL BETWEEN Hagerstown Md. Cline IMMEDIATE CAUSE (a) DUE TO Conditions, If eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(11) 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING [] 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of mury in Part 1 or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f (City or town) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from . 3. ARRa........, 19.61 to .27. QCTa......, 19.61, that (I) (we) last ......19 6.1., and that death occured a 2.2.3.0M, Alson, the causes and on the date stated above. 22b. DATE ATTENDING STAFF DIRECTOR 22d. ADDRESS NAME (Type) 1155 BINFORD, POTOMAC AVENUE 230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) O F Rose Hill Cemetery Hagerstown Wash Co 250. REC'D BY REGISTRAR 256 REGISTRARYS AIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Andrew K. Coffman Hagerstown Md.

VARYLAND STATE DEPARTMENT OF HEALTH

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FUNERAL

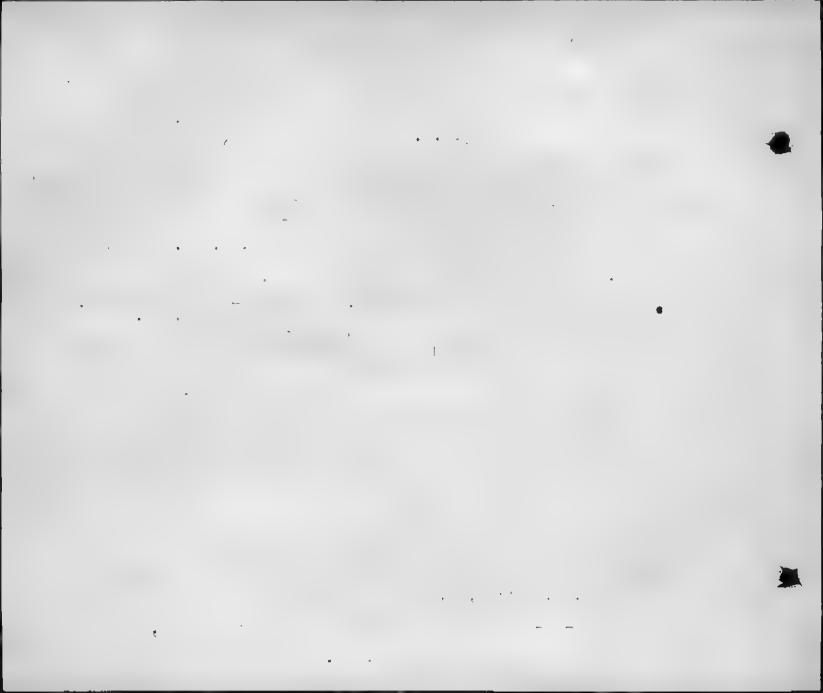
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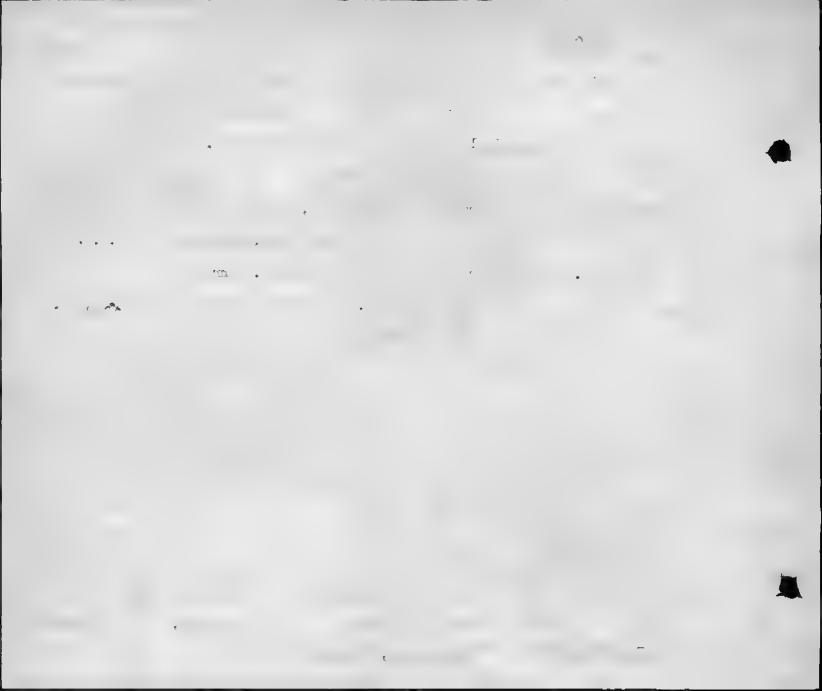
FOR STATE s nec. your d of J he State E the Pages 1, 2, and 3 to 13. Pages 5 may be 13. Page 5 may be 3ges 1 and 2 with 1 dithin 72 hours afte 18. Give Pages 1 form PM3. Pag nit. File pages 1 a permit. wilh " in pencil in the Office along v burial-transit p Examiner's Oused as a bu Medical Examiner's should be used as a rial, cremation, or re-XAMINER: arded to the Chief N RECTOR: Page 3 sh agent, prior to burial OR: P please execute the certifical should be forwarded to FUNERAL DIRECTO or its designated agent, p DEF Q40 P 0 VIII. ATEME

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY **b.** COUNTY Washington
CITY OR TOWN (if outside corporate limits, Virginia MARYLAND Berkelev c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give neerest lown) Hagerstown Martinshurg
d. STREET ADDRESS Rt. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital a ve straet address) a. IS RESIDENCE ON A FARM? Hospital Bedington, YES NOT Washington County 3. NAME OF Midd e 4. DATE Month Day DECEASED OF (Typa or print) DEATH HUGH EDMOND WILLINGHAM OCTOBER 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) January Months Days Hours 83/15 Male WIDOWED TO DIVORCED T 10a LSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 1 12. CIT ZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Carpenter & Farmer Bunker Hill, W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James W. Willingham Marv Mayhew 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no. or unkown). (If yas giva war or datas of sarv. ca) Fred Rice - Martinsburg Rt. 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ANTRESTH PART I DEATH WAS CAUSED BY: CORONARY ATHEROSCLEROSIS SEVERE IMMEDIATE CAUSE (a) THROMBOSIS RIGHT CORONARY RECENT DUE TO RECENT PULMONARY CONGESTION Conditions, if any, which " [b] gava rise to immediate causa **DUE TO** (a), stating the underlying causa last. PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Itam 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20c. T.ME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Slata) factory, street, office bldg., atc.) While Not While Hour a.m. at work al work 21. I certify that I took charge of the remains described above, held an Autopsy | X Inspection Inquiry and in my opinion Natural causes X Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S E.W.DITTO, JR. Addr ATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY NAME (Typa) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or couply) (State) REMOVAL (Specify) Burial 10-24-1961 Rosedale Cemetery Martinsburg West Vi
248. REC'D BY REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Martinsburg, Va. DA QCT 2 4 '61 Orthur & Krous W 5M 7/59

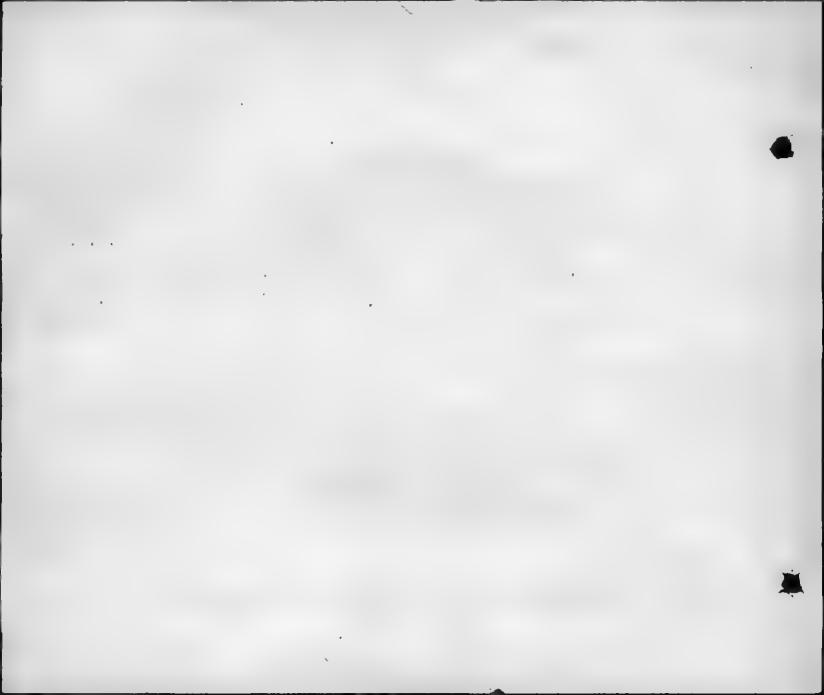
MARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH



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NDING e haspi :: After ched fo vrial, a	,		21. I certify that I attended the deceased fram 1757, 19, to 000, 1964, that I last saw the deceased alive an 000 AM, fram the causes and an the date stated above
og ATTE ed by the arrector id be deto priar to b			ACTUAL SIGNATURE PORCH G-/LMmg-MD. 214 N. Potomac St. Oct 7,6
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moy be o FUNEI poge 3 the regi		220	BUR AL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (272d. LOCATION (City, town, or county) (Stote)  ROSH, HTLL, CEM
VS A15 (4) 15M 9/SS	***	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  ADDRESS  DATE OFT 1 1 '61 Colons 9 to



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MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE of Health ay is necessary, TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any sin necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuzzial director. Pages should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit-file pages 1 and 2 with the State Board of Heath or its designated agent, prior to burlal, cemation, or removal, and in any event within 72 hours after death. TR . DITTO

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12003 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1,	PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residen	ce before edmission)
1)			e. STATE b. COUNTY	
	-	b. CITY OR TOWN (if outside corporate limits,   1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (It outside corporete limits, write RURAL and give	TO NI
		Write RURAL and give nearest town) PLACE of	Y C ( )	neorasi iown,
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	OCAPLAND KURAL	
	1	d. NAME OF HOSPITAL OK INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	1	BOONSBORD HIGHSCHOOL	CAPIAND MA.	YES TO NO
	3.	NAME OF First Middle	Lasi 4. DATE Month Day	Y
		(Type or print)	OF DEATH A . T.	10 / /
,	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 0	ALE OF BIRTH 19. AGE (In yoors IF UNDER YEAR)	19 6 /
			last birthdey) Months Days	Hours Min.
		MALE   WHITE   WIDOWED   DIVORCED   M	ARCH - 10 - 1906 55 Ym. 7 7	77111
	10a	In. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O	F WHAT COUNTRY?
		STODIAN - BOONS BORD HIGH SCHOOL	BRAWAISHILLE WACH CO MAD 1	I.C.A
		FATHER'S NAME	DROWNSVILLE WASH, CO. MD. U	SA
		044 70 7 0 1/		
1	10	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INF	ANNA FOUCHE	
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF es, no, or unknown   (Ifyes give wer or date) of service)	CORMANT Address	
		NO. 212-01-8252 MRS	MAUDIE YOUNKINS GAPLAN	ID MID,
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INY	ERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:		ISET AND DEATH
		470 X DUE TO Insufficiency	art Disease With Mitral	Recent
		Conditions, if any, which geve rise to immediate seems (b) Myocardial Fibrosis		
		(e), steting the underlying DUE TO		
		cause lest. (c)		
	5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)	
	Ě			PERFORMED?
	CERTIFICATION	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (Enter	The state of the s	K NO L
-	ERT	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
	WEDICAL		OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)
	ME	p.m. 19 ef work et work		
		21. I certify that I took charge of the remains described above, held	an Autopsy X, Inspection . Inquiry . and	in my opinion
U		death resulted from: Natural causes X. Accident . Suicide		
		ACTUAL A. T. MILLS	CHIEF MEDICAL EXAMINER	
			M.D. ASSISTANT MEDICAL EXAMINER D	ATE SIGNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER 🔀 10-18-61	
		NAME (Type) Dr. E. W. Ditto, Jr.	Address (Street, city, town, or county)	
	22e.	e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CR	REMATORY 22d, LOCATION (City, town, or country)	(State)
	6	2 80 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EMETERY BROWNSVILLE WASH, CO	040
		3. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATU	JRE
		John N. Bast. BOONSBOILD IND	, ,	
(		The Topologica IVID	DATE OCT 24 61 Contain & Kin	us
-	Maria			

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